Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 BBS OCD District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NMRECEIVED 87505	VISION Dr.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUC PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other:	
2. Name of Operator	9. OGRID Number: 157984
Occidental Permian Ltd. 3. Address of Operator	10. Pool name or Wildcat
HCR 1 Box 90 Denver City, TX 79323	Hobbs (G/SA)
4. Well Location	
Unit Letter J : 2120 feet from the South line and 1550 feet from the East Line	
Section 32 Township 18-S Ra 11. Elevation (Show whether DR, RKB	nge 38-E NMPM Lea County   RT GR etc.)
3635' (GL)	, KI, OK, EK.)
NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:     PERFORM REMEDIAL WORK ⊠   PLUG AND ABANDON □   ALTERING CASING □     TEMPORARILY ABANDON □   CHANGE PLANS □   COMMENCE DRILLING OPNS. □   P AND A     PULL OR ALTER CASING □   MULTIPLE COMPL □   CASING/CEMENT JOB □     DOWNHOLE COMMINGLE □   OTHER:   □     OTHER:   □   OTHER:   □     13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.   During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17     5. Acid treat new perfs with ~ 1000 gal of 15% HCL   CHAI treat new perfs with ~ 1000 gal of 15% HCL   ERUME and haul contents to the required disposal per ODC Rule 19.15.17     7. Return well to production   Figure 4.255 - 4256 - 4278 -	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE DATE DATE 04/19/2018	
Type or print name <u>Carlos Restrepo</u> E-mail address <u>carlos restrepo@oxy.com</u> PHONE: <u>713-366-5147</u>	
For State Use Only Maleur Browner Additional Data that would not firm the form.	