Submit 1 Copy To Appropriate District Office	State of New Me	exico	Form C-103
-1 . 1	5) 393-6161 Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240  District II – (575) 748-1283  OIL CONSERVATION DIVISION			WELL API NO.
			30-025-07492  5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 JUN 07 2018 Santa Fe, NM 87505		STATE   FEE	
District IV – (505) 476-3460  Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Section 31
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other:			8. Well Number: 321
2. Name of Operator			9. OGRID Number: 157984
Occidental Permian Ltd.			5. OGRAD NAMOCE. 137501
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 <u>G</u> : <u>2200</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> Line			
Section 31 Township 18-S Range 38-E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3644' (GL)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO			SECUENT DEPORT OF
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON			_
DOWNHOLE COMMINGLE	MOLTIFLE COMFL	CASING/CEWENT	JOB []
DOWNINGEE GOWNWINGEE			
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.			
1. POOH with production equipment.			
During this		procedure we plan to use	
3 Perf from 4275' to 4295' the closed-		loop system with a steel	
4. Acid Treat new perfs tank and h		aul contents to the required	
5. RIH with production equipment disposal pe		disposal pe	r ODC Rule 19.15.17
6. Return well to production			
Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Production Engineer DATE 06/06/2018			
SIGNATORE DATE 00/00/2016			
Type or print name E-mail address <u>carlos restrepo@oxy.com</u> PHONE: <u>713-366-5147</u>			
For State Use Only			
ADDROVED DV. YV AVALLED AND THE HEALTH STORE CONTRACTOR			
APPROVED BY:			
Additional Data that would not fit on the form.			