Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 – (575) 393-6161	Energy, Minerals and Natural Resour	ces Revised August 1, 2011
1625 N. French Dr., Hobbs, 1838 OC District II – (575) 748-1283	CD	WELL API NO. 30-025-29173
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISIO	5. Indicate Type of Lease
District III – (505) 334-6178 UN 2 5 201	8 1220 South St. Francis Dr.	STATE STEE
District IV (505) 476 2460	Santa Fe. NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Bolth	n	
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS T		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Section 32
PROPOSALS.)	/all C Othor	8. Well Number: 332
1. Type of Well: Oil Well Gas V 2. Name of Operator	/ell Other:	9. OGRID Number: 157984
Occidental Permian Ltd.		9. OGRID Number: 137984
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>J</u> : 1550 feet from the <u>South</u> line and <u>2350</u> feet from the <u>East</u> Line		
Section 32 Township 18-S Range 38-E NMPM Lea County		
	Elevation (Show whether DR, RKB, RT, C	
	7' (GL)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
	<u> </u>	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
OTHER: Deepen and Acid 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.		
Olem put to 4202? (DDTD)		ng this procedure we plan to use
3 RIH with injection equipment the closed-loop system with a see		losed-loop system with a steel
4. Put well on injection.	tank	and haul contents to the required
	A managed a modification district	osal per ODC Rule 19.15.17
	Approval: notify dispe	DOWNE MITOPRAT
OCD Hobbs	office 24 hours	PROVIDE LUPPENT JELLBORE DEAGRAM.
of the state of	MIT Test & Chart	ITU DODE NTACPAM.
htm. or i annin	Shift lest of Chair.	TELL DURL TELLOW
Spud Date:	Rig Release Date:	
		,
I hereby certify that the information above	is true and complete to the best of my kn	nowledge and belief.
		D. 1. T. D
SIGNATURE TITLE Production Engineer DATE 06/25/2017		
Type or print name Carlos Restrepo E-mail address carlos restrepo@oxy.com PHONE: 713-366-5147		
Type or print name E-mail address <u>carlos restrepo@oxy.com</u> PHONE: <u>713-366-5147</u>		
For State Use-Only		
M 1 4K. 100/2		
APPROVED BY: Waley Brawn ITLE AO/I DATE 6/25/2018		
Conditions of Approval (if any):		