Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283	till – (575) 748-1283 First St., Artesia, NM 88210 till – (505) 334-6178 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-025-23130
<u>District III</u> – (505) 334-6178			5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		·	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-1HOPBS GCD			North Hobbs (G/SA) Unit Section 32
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8 Well Number
		OCT 3 0 2014	424
2. Name of Operator Occidental Permian Ltd.			9. OGRID Number: 157984
3. Address of Operator		RECEIVED	10. Pool name or Wildcat
2611 State Hwy 214 Denver 0	City, TX 79323		Hobbs (G/SA)
4. Well Location			
Unit Letter H : 1930 feet from the North line and 660 feet from the East line			
Section 32		8S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3640' DF			
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 ☐			
TEMPORARILY ABANDON			
PULL OR ALTER CASING		☐ CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE			
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 re	completion.		
During this procedure we plan to use the closed-loop system with a steel			
1. KUFU and 1 OOH W/ESI equipment			ntents to the required
 Treat if necessary Run ESP equipment disposal per ODC 			
4. RDPU and clean location			
	·		
Spud Date:	Rig	Release Date:	
<u></u>	_		
hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE STUDIE TITLE Lift Specialist DATE 10/28/2014			
SIGNATURE DATE 10/20/2014			
Type or print name Steve Snead E-mail addregative snead@oxy.com PHONE: 806-592-6312			
For State Use Only			
APPROVED BY: Petroleum Engineer DATE 10/30/14			
Conditions of Approval (if any):			