Submit 1 Copy 1 Office District I – (575) 1625 N. French	5) 393-616 Dr., Hobb	61 HO bs, NM 88240	BE		State of l	and Natur	ral R	esources	WELL A			rm C-103 uly 18, 2013	
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 SEP 1 5 2016. CONSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 Santa Fe, NM 87505									30-025-07547 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 19552				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH										Name or Unit		nt Name	
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other									8. Well	Number 24	1	-	
	Name of Operator Occidental Permian Ltd									9. OGRID Number 157984			
3. Address of Operator P.O. Box 4294, Houston, TX 77210									10. Pool name or Wildcat Hobbs (G/SA)				
4. Well Loca	ation							To get					
Unit	t Letter_	N	:_	660	_feet from the _			line and	1980	_feet from the	West	line	
Sect	ion	33		11. Elev	Township vation (Show wh	18S Rai		38E R, RT, GR, etc	NMPM	Con	unty	Lea	
PERFORM R TEMPORARI PULL OR AL' DOWNHOLE CLOSED-LO	REMEDIA ILY ABA TER CA	ANDON ASING IINGLE	-	PLUG A	AND ABANDON GE PLANS PLE COMPL		CAS	MEDIAL WOR MMENCE DR SING/CEMEN	RK RILLING OP		ERING CA	ASING	
OTHER:	**				(01 1			HER:	1		1 1		
of sta	orting an osed con 16 UBOP. PO	ny proposed npletion or OOH 124 jts	d wor	k). SEE mpletion ESP. RUW	/L x log 4300' to s	14 NMAC	. Fo	r Multiple Co	ompletions:	Attach wellbo	ore diagran	m of	
08/09/16 – 08/11/1 MIRU x NDWH x NU NUWH.		OOH both R	BP's.	RIH 5 ½"	CIBP @ 3950' w/ 3	3 sx cmt. R	IH 7″	test pkr @ 102	20' x pressure	e tested. POOH	test pkr. RC	x NDBOP x	
08/12/16 – 08/18/1	16												
MIRU x NDWH x NU		H 5 ½" liner	@ 39	11' w/ 25	60 sx cmt. RIH 4 ¾′	" bit and dr	ill to	TD @ 4312'. RI	H 112 jts x r	eassembled EBP	. RD x NDB	OP x NUWH.	
Spud Date:	07/27	7/16			Rig R	elease Dat	te:	08/18/16					
I hereby certify	v that th	e informat	ion a	bove is to	rue and complete	e to the be	st of	my knowled	ge and belie	ef.	6		
SIGNATURE_	/	reil	X					Coordinator		DATE_	09/12/2	2016	
Type or print n		pril Hood		0	E-ma	il address:	Ap	ril_Hood@Ox	cy.com	PHONE	: 713-36	66-5771	
APPROVED E	BY:	Marly	4	Sio	WN_TITLI	Des	t	Supe	Wiso	O_DATE_	10/6	/2014	
Conditions of A	~hhrov:	ai (ii aliy).	1	200	+0	1.1R	1	on a	1/15/	2016			