Submit I Copy To Appropriate District State of New Mexico	Form C-103			
Office District I - (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 District III - (505) 34-6178 District III - (505) 34-6178 District III - (505) 34-6178 District II - (505) 34-6178 Distric	Revised August 1, 2011 WELL API NO.			
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 NOL	30-025-28266 5. Indicate Type of Lease			
	STATE SFEE			
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.			
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	North Hobbs (G/SA) Unit Section 32-			
1. Type of Well: Oil Well Gas Well Other:	8. Well Number: 342			
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984			
3. Address of Operator	10. Pool name or Wildcat			
HCR I Box 90 Denver City, TX 79323	Hobbs (G/SA)			
4. Well Location				
Unit Letter O : 475 feet from the South line and 1437				
Section 32 Township 18-S Range 38-				
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3626' (GL)	c.)			
12. Check Appropriate Box to Indicate Nature of Notice	Report or Other Data			
	BSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				
	_			
OTHER: Perf and Acid OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, a				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co proposed completion or recompletion.				
1. POOH with injection equipment	a procedure we plan to use			
2. Crown out to 4500	During this procedure we plan to use the closed-loop system with a steel			
3. Perf 4292 – 4374' (gross Interval) the closed	tank and haul contents to the required			
 Acid treat with 3000 gals per prognosis RIH w/ injection equipment disposal per disposal per dis	disposal per ODC Rule 19.15.17			
disposal p	Ser ODC Rule 19.13.17			
	a to make a notify			
	Condition of Approval: notify			
Spud Date: Rig Release Date:	OCD Hobbs office 24 hours			
	prior of running MIT Test & Chart			
I hereby certify that the information above is true and complete to the best of my knowled				
SIGNATURE	DATE <u>11/04/2016</u>			
Type or print name <u>Carlos Restrepo</u> E-mail address carlos restrepo@o	xy.com_PHONE: 713-366-5147			
For State Use Only	1 1			
APPROVED BY: Maley Show ATTLE Dest Su Conditions of Approval (if any)	penvisor DATE 11/7/2016			
Conditions of Approval (if any):				

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