Submit 1 Copy To Appropriate District	State of New Mex		Form C-1	
District I – (575) 393-6161 Energy, Minerals and Natural Resources District II – (575) 748-1283 811 S. First St., Artesia, NM 8821000 1 District III – (505) 334-6178 District III – (505) 334-6178 District III – (505) 334-6178			Revised August 1, 20 WELL API NO. 30-025-07533	
		5. Indicate Type of Lease STATE SFEE		
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 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 (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			7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32	e
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other:			8. Well Number: 241	
2. Name of Operator Occidental Permian Ltd.			9. OGRID Number: 157984	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323			10. Pool name or Wildcat Hobbs (G/SA)	
4. Well Location	the Court line of		for form the West Line	
	the <u>South</u> line ar Fownship 18-S	Range 38-	fect from the <u>West</u> Line E NMPM Lea County	y F
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3627' (GL)				
3027 (02	,			
12. Check Appropriate	Box to Indicate Na	ture of Notice,	, Report or Other Data	
NOTICE OF INTENTION PERFORM REMEDIAL WORK PLUG AND TEMPORARILY ABANDON CHANGE F PULL OR ALTER CASING MULTIPLE DOWNHOLE COMMINGLE	ABANDON	REMEDIAL WOR		
OTHER: Deepen and Acid	Ø	OTHER:		
 Describe proposed or completed operation of starting any proposed work). SEE RU proposed completion or recompletion. 	ons. (Clearly state all p	ertinent details, an	nd give pertinent dates, including estimated ompletions: Attach wellbore diagram of	date
 POOH with production equipment Deepen the well to 4318' Acidize OH and existing perfs (4078' to 408 15% PAD HCL RIH w/ production equipment 		the closed tank and h disposal p	naul contents to the required er ODC Rule 19.15.17	oſ
	C.	0.A. 5	ubmit Well toxe dia	Jam
Spud Date:	Rig Release Dat	le:	Wit.	5.
I hereby certify that the information above is true	and complete to the be	st of my knowled	ge and belief.	
SIGNATURE	TITLE _Producti	on Engineer	DATE <u>11/14/2016</u>	
Type or print name Carlos Restrepo E-mail address carlos restrepo@oxy.com PHONE: 713-366-5147				
For State Use Only	7.1			
APPROVED BY: Many Moun TITLE ASL, Supervise DATE 1/14/2016 Conditions of Approval (if any);				
U				