Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	
Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
Office District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 Off. CONSERVATION DIVISION District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 Santa Fe, NM 87505	30-025-05490 5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr.	STATE STEE
District IV - (505) 476-3460 Santa Fe, NM 87505 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
1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 24-341
2. Name of Operator	9. OGRID Number: 157984
Occidental Permian Ltd. 3. Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)
HCR I Box 90 Denver City, TX 79323	10. 100 haire of Wildeat Hobbs (CVSA)
4. Well Location	
Unit LetterO_:330feet from theSouth line and2310_	feet from theEastline
Section 24 Township 18S Range 37	
11. Elevation (Show whether DR, RKB, RT, GR, et 3655' (GL)	c.)
5005 (02)	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	RILLING OPNS. P AND A D
OTHER: OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, a	nd give partinent dates including actimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple C proposed completion or recompletion. 1) MIRU PU 2) POOH with ESP 3) If indications of scale found, squeeze formation with inhibitor 4) RIH with new ESP 5) Peturn well to production	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowled	les and halist
Thereby certify that the information above is true and complete to the best of my knowled	ge and bener.
SIGNATURE MUST TITLE Production Engineer	DATE11/29/2016
Type or print nameRick_Reeves E-mail address: rick_reeves@oxy.com	PHONE:713-215-765f3
For State Use Only	
APPROVED BY: / WHITE DUST SUP Conditions of Approval (if any);	UNDOL DATE 11/29/2016