Submit 1 Copy To Appropriate District Office District I = (575) 393-6161 1625 N. French Dr., Hobbs, NM **HOBBS** OCD District II = (575) 748-1283 811 S. First St., Artesia, NM 88210 District III = (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV = (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NRECEIVED 87505  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 PROPOSALS.)  1. Type of Well: Oil Well  Gas Well Other: 2. Name of Operator Occidental Permian Ltd. 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		Form C-103 Revised August 1, 2011  WELL API NO. 30-025-07539  5. Indicate Type of Lease STATE FEE  6. State Oil & Gas Lease No.  7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32  8. Well Number: 341  9. OGRID Number: 157984  10. Pool name or Wildcat Hobbs (G/SA)	
4. Well Location  Unit Letter O: 330 feet from the South line and 2310 feet from the East Line  Section 32 Township 18-S Range 38-E NMPM Lea County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  3627' (GL)			
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ CASING/CEMENT JOB ☐ OTHER: Deepen and Acid ☐ OTHER: Deepen and Acid ☐ OTHER: Deepen and 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 recompletion.			
<ol> <li>MIRU PU</li> <li>POOH with injection equipment</li> <li>RIH with CIBP and set at +/- 4233', capped of the component</li> <li>Tag cement, POOH with WS</li> <li>RIH w/ injection equipment</li> <li>Run H-5 Chart</li> <li>RD PU</li> <li>Condition of Approprior of running M</li> <li>Spud Date:</li> </ol>	oroval: notify ice 24 hours	the closed- tank and ha disposal pe	procedure we plan to use loop system with a steel aul contents to the required r ODC Rule 19.15.17  SUBMIT PROPOSED  WELL ROPE DIAGRAM
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
TITLE <u>Production Engineer</u> DATE <u>11/01/2017</u> Type or print name <u>Carlos Restrepo</u> E-mail address <u>carlos restrepo@oxy.com</u> PHONE: <u>713-366-5147</u>			
Type or print name Carlos Restrepo E-mail address carlos restrepo@oxy.com PHONE: 713-366-5147  For State Use Only APPROVED BY: DATE 11/1/2017  Conditions of Approval (if any):			