Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM-8820 BBS <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505			Revised August 1, 2011 WELL API NO.
			30-025-23130 5. Indicate Type of Lease
			STATE FEE 6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, RECEIVED 87505			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 PROPOSALS.)			7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
1. Type of Well: Oil Well Gas Well Other:			8. Well Number: 424
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			Hobbs (G/SA)
Unit Letter H : 1930 feet from the North line and 660 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.) 3647' (GR)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK  TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRII			
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT			
DOWNHOLE COMMINGLE			
OTHER:		OTHER:	
13. Describe 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.			
1. POOH with production equipment.  2. Clear out to 4720.  During this procedure we plan to use			
During uns			oop system with a steel
3. Perf from 4255' to 4265' and from 4275' to 4285' 4. Acid treat new perfs with ~ 1500 gal of % HCL tank and h		ul contents to the required	
5. RIH with production equipment disposal p		disposal per	r ODC Rule 19.15.17
6. Return well to production			
Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Production Engineer DATE 04/17/2018			
Type or print name E-mail address_carlos_restrepo@oxy.com PHONE: 713-366-5147			
For State Use Only Mark 1 48			
APPROVED BY: VALUE OF OWN TITLE AU 11 DATE 4/17/2018			
Conditions of Approval (if any):  Additional Data that would not from the form.			