

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources

Form C-139
Permit 27462
Revised June 10, 2003

District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505
(505) 476-3440

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

APPLICATION FOR PRODUCTION RESTORATION PROJECT

I. Operator and Well:

Operator name & address OCCIDENTAL PERMIAN LTD P O BOX 4294 HOUSTON TX 772104294						OGRID Number 157984		
Contact Party Karen Ellis						Phone 713-366-5161		
Property Name NORTH HOBBS G/SA UNIT				Well Number 412		API Number 30-025-05479		
UL - Lot	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County
A	24	18S	37E	330	N	330	E	Lea

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): HOBBS;GRAYBURG-SAN ANDRES	
Date Production Restoration started: 10/11/2005	Date Well Returned to Production: 11/3/2005
Describe the process used to return the well to production (Attach additional information if necessary): See attached C-103 Please see attached form for more detail...	

III. Identify the period and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production:

Records Showing Well produced less than 30 days during 24 month period: <input type="checkbox"/> Well File record showing that well was plugged <input checked="" type="checkbox"/> OCD production data <input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)	Month/Year (Beginning of 24 month period): 10/1/2003 Month/Year (End of 24 month period): 11/1/2005
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IV. Signature:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Signature <u>Electronically Signed</u>	Title <u>Regulatory Team Leader</u>	Date <u>4/13/2006</u>
Type or print name <u>Elizabeth Bush-Ivie</u>	E-mail address <u>Elizabeth_Bush@oxy.com</u>	Telephone No. <u>713-366-5303</u>

FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on:

Date Production Restored as Reported on C-115: 11/2005

Date Well Returned to Production: 11/3/2005

Signature District Supervisor: Paul Kautz District 1 Date 4/17/2006

VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 4/17/2006

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.
Santa Fe, NM 87505

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-05479
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT Section 24
8. Well No.	412
9. OGRID No.	157984
10. Pool name or Wildcat	HOBBS (G/SA)

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 T&A'd

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

4. Well Location
Unit Letter A : 330 Feet From The NORTH 330 Feet From The EAST Line
Section 24 Township 18-S Range 37-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3670' GL

Pit or Below-grade Tank Application or Closure
Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water
Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Re-Activate, Convert to producer.</u> <input checked="" type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- Replace wellhead for CO2 service. Drill out CIBP @3885'. Sqz open hole 3975-4232' w/100 sx Class A cmt w/1% CaCl.
- Drill out sqz and deepen well from 4217' to 4310'. Run 10 jts 5", 13# csg from 3845' to 4307'. Mix and pump 50 sx cmt behind liner.
- Run CNL/SGR/CCL from 4307' to 3500'. Perforate the following intervals 4161-78, 4203-08, 4216-27, 4233-40, and 4245-56 using 2 spf, 120 deg sp ph. (107 holes).
- Stimulate perms 4162-4256 w/3500 g 15% NEFE HCL acid.
- Run Reda ESP equipment on 125 jts 2-7/8" tbg w/drain valve. Intake set @4110'.
- Install QCI wellhead connection. RDPU. Clean Location.

Rig Up Date: 10/11/2005
Rig Down Date: 11/03/2005

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan

SIGNATURE _____ TITLE Workover Completion Specialist DATE 11/08/2005

TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: