

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

District II

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

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

**State of New Mexico**  
Energy, Minerals and Natural Resources

Form C-140  
Permit 33629  
Revised June 10, 2003

**Oil Conservation Division**

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

**APPLICATION FOR  
WELL WORKOVER 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 411		API Number 30-025-07490		
UL - Lot A	Section 31	Township 18S	Range 38E	Feet From The 330	North/South Line N	Feet From The 330	East/West Line E	County Lea

**II. Workover:**

Date Workover Commenced: 1/31/2006	Previous Producing Pool(s) (Prior to Workover): HOBBS;GRAYBURG-SAN ANDRES
Date Workover Completed: 2/3/2006	

**III. Attach a description of the Workover Procedures performed to increase production.**

**IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.**

**III. Attach a description of the Workover Procedures performed to increase production.**

**V. Signature:**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
Signature	Electronically Signed	Title	Regulatory Team Leader	Date	7/6/2006
Type or print name Elizabeth Bush-Ivie		E-mail address Elizabeth_Bush@oxy.com			Telephone No. 713-366-5303

**FOR OIL CONSERVATION DIVISION USE ONLY:**

**VI. CERTIFICATION OF APPROVAL:**

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on: 2/3/2006

Signature District Supervisor: Paul Kautz District 1 Date 7/6/2006

**VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 7/6/2006**

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

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.

30-025-07490

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 31

8. Well No. 411

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 ☐

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 31

Township 18-S

Range 38-E

NMPM

LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3645' GR

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

OTHER: \_\_\_\_\_

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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

1. RUPU. Pull production equipment.
2. Run CNL/GR/CCL from PBTD to 3270'.
3. Perforate the following intervals; 4150-55 using 2 spf, 180 deg sp ph. (12 holes).
4. Stimulate perfs 4016-4252 w/2940 g 15% PAD acid.
5. Run Reda ESP equipment on 130 jts 2-7/8" tbg w/drain valve. Intake set @4083'.
6. Install QCI wellhead connection. NU wellhead. .
7. RDPU. Clean Location.

Rig Up Date: 01/31/2006

Rig Down Date: 02/03/2006

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 02/06/2006

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: