

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-139
Permit 36465
Revised June 10, 2003

Oil Conservation Division

1220 S. St Francis Dr.

Santa Fe, NM 87505

(505) 476-3440

APPLICATION FOR PRODUCTION RESTORATION PROJECT

I. Operator and Well:

Operator name & address OCCIDENTAL PERMIAN LTD PO Box 4294 Houston TX 77210						OGRID Number 157984		
Contact Party Karen Ellis						Phone 713-366-5161		
Property Name NORTH HOBBS G/SA UNIT					Well Number 944		API Number 30-025-35999	
UL - Lot I	Section 29	Township 18S	Range 38E	Feet From The	North/South Line S	Feet From The	East/West Line E	County Lea

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): HOBBS;GRAYBURG-SAN ANDRES	
Date Production Restoration started: 4/19/2006	Date Well Returned to Production: 4/24/2006
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 type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)	<input checked="" type="checkbox"/> OCD production data Month/Year (Beginning of 24 month period): 4/1/2004 Month/Year (End of 24 month period): 4/1/2006
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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 Electronically Signed	Title Regulatory Team Leader	Date 8/17/2006
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:

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: 4/2006

Date Well Returned to Production: 4/24/2006

Signature District Supervisor: Paul Kautz District 1 Date 8/17/2006

VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 8/17/2006

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.
30-025-35999

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 29

8. Well No. 944

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 Observation well

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
HCR 1 Box 90 Denver City, TX 79323

4. Well Location
Unit Letter I : 1528 Feet From The South 854 Feet From The East Line
Section 29 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3644' 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: Reactivate well as ESP (was Observation well) <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.

- RUPU. NU BOP.
- Scan tbg out of hole. Hydro test tbg.
- RIH w/sub pump & 156 jts of 2-7/8" tbg. Intake set @4948'
- RDPU. Clean & level location.

RUPU 04/19/06
RDPU 04/24/06

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 Administrative Associate DATE _____
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: Mendy_johnson@oxv.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: