

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 45784  
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 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 341		API Number 30-025-05446		
UL - Lot O	Section 13	Township 18S	Range 37E	Feet From The 660	North/South Line S	Feet From The 1980	East/West Line E	County Lea

**II. Workover:**

Date Workover Commenced: 9/8/2006	Previous Producing Pool(s) (Prior to Workover): HOBBS;GRAYBURG-SAN ANDRES
Date Workover Completed: 10/2/2006	

**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	1/29/2007
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: 10/2/2006

Signature District Supervisor: Chris Williams District 1 Date 2/1/2007

**VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 2/1/2007**

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.  
30-025-05446

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 13

8. Well No. 341

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  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location  
Unit Letter O : 660 Feet From The South 1980 Feet From The East Line  
Section 13 Township 18-S Range 37-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3678' DF

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: Wellhead upgrade/Cleanout/Acid Treat ☒

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 & RU. Kill well. Pull rods out of hole.
  2. Run in hole w/RBP set @3900'. Dump sand on RBP.
  3. Scan tubing out of hole.
  4. Set RBP @800'. Test casing to 500 PSI for 30 minutes.
  5. RDPU & RU for well head change out.
  6. RUPU. Circulate sand off of RBP @800'. Release RBP & pull out of the hole. Wash sand off of RBP @3900' and pull out of hole.
  7. Tag CIBP @4064'. Drill on CIBP, fell to 4250'. Clean out to 5259'. Circ well clean.
  8. Rig up wire line and log well from 4259' to 3200'.
  9. Run in hole w/treating packer set @4170'. Pump 500 gal 15% HCL, drop 500 lbs gelled rock salt. Flush w/50 bbl fresh water, pump rest of acid (1500 gal).
  10. Swab back well.
- \*\*\* See additional data on attached sheet\*\*\*

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 08/30/2006

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: