

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 45785
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 231		API Number 30-025-05483		
UL - Lot K	Section 24	Township 18S	Range 37E	Feet From The 1980	North/South Line S	Feet From The 2310	East/West Line W	County Lea

II. Workover:

Date Workover Commenced: 6/22/2006	Previous Producing Pool(s) (Prior to Workover): HOBBS;GRAYBURG-SAN ANDRES
Date Workover Completed: 7/6/2006	

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: 7/6/2006

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

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

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-025-05483

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs Unit (G/SA)
Section 24

8. Well No. 231

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 K : 1980 Feet From The South 2310 Feet From The West Line

Section 24

Township 18-S

Range 37-E

NMPM

Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3667' 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 ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____

OTHER: Open Additional Perfs & Acid Treat Well ☐

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 out of hole w/ESP equipment.

2. Clean out fill from 4347' to 4369'. Circ clean.

3. Scanalog tbg out of hole.

4. RU wireline & ran TDT/GR/CCL from 4369' to 3300'.

5. Set 3-1/2" CIBP @4225'.

6. Perforate w/csg guns @2 JSPF phased 180 degrees at the following depths: 4175'-80', 4186'-90'.

7. Attempted to perform rocksalt divert acid job. Pumped 500 gal 15% HCL acid followed by 500# rocksalt in 10 PPG gelled brine followed by 500 gal 15% HCL acid. Tbg plugged off. Shut down pumps. Worked to reverse out of tbg. Ran in hole w/bit, tagged at 4167'. Washed salt from 4167' to 4224'. Pumped 1000 gal 15% acid followed by 18 bbl fresh water flush @2 BPM & 1000 PSI. Shut down pumps.

8. Run in hole w/5" pkr set @4149'. Load & test csg to 500 PSI (held OK).

9. Killed tbg. Release pkr & pull out of hole.

See additional data on next page

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 05/06/2006

TYPE OR PRINT NAME Mendy A. Johnson

E-mail address: Mendy_johnson@oxy.com

TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY: