

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 45788
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 SOUTH HOBBS G/SA UNIT				Well Number 236		API Number 30-025-31429		
UL - Lot K	Section 4	Township 19S	Range 38E	Feet From The 1403	North/South Line S	Feet From The 1746	East/West Line W	County Lea

II. Workover:

Date Workover Commenced: 7/6/2006	Previous Producing Pool(s) (Prior to Workover): HOBBS;GRAYBURG-SAN ANDRES
Date Workover Completed: 7/28/2006	

- 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: 7/28/2006

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

FILE IN TRIPPLICATE

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. 30-025-31429
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 South Hobbs (G/SA) Unit Section 4
8. Well No. 236
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 I Box 90 Denver City, TX 79323

4. Well Location
Unit Letter K : 1403 Feet From The South 1746 Feet From The West Line
Section 4 Township 19 Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3619' KB

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>Plug back/Open additional perfs/Stim</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.

- RUPU & RU. Pull out of hole w/tbg & ESP equipment.
- Clean out to 4292'. Circ well clean. Set CR @4210'.
- Pump 90 bbl fresh water thru CICR @4120 w/no circ above CR.
- Mix & pump 100 sx prem plus w/2% Cal Chloride cement. Flush to end of tbg.
- Drill out from 4180'- 4210'. Circ Clean.
- Perforate w/4 JSPF @4089-4098', 4107-4113', 4180-4208'. (184 holes)
- Acidize perfs 4089-4208' with 2000 gal 15% acid in four settings. Swab fluid out of well. Recovered 200 bbl.
- Pump 200 gal of 6490 mixed with 100 bbl of fresh water. Flush with 500 bbl of fresh water.
- Ran back in hole w/126 jts of new 2-7/8" tbg and ESP equipment. Intake set @4045'
- RDPU & RU. Clean location. RUPU 07/06/06 RDPU 07/28/06

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 08/08/2006

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: