

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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-139
Permit 56129
Revised June 10, 2003

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

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

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

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 341		API Number 30-025-12491		
UL - Lot	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County
O	19	18S	38E	330	S	2310	E	Lea

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): HOBBS;GRAYBURG-SAN ANDRES	
Date Production Restoration started: 11/13/2006	Date Well Returned to Production: 11/21/2006
Describe the process used to return the well to production (Attach additional information if necessary): See attached C-103, table and graph 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 checked="" type="checkbox"/> OCD production data <input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)	Month/Year (Beginning of 24 month period): 11/1/2004 Month/Year (End of 24 month period): 3/1/2007
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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 <u>Electronically Signed</u>	Title <u>Regulatory Team Leader</u>	Date <u>6/26/2007</u>
Type or print name <u>Elizabeth Bush-Ivie</u>	E-mail address <u>Elizabeth_Bush@oxy.com</u>	Telephone No. <u>713-366-5303</u>

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: 3/2007

Date Well Returned to Production: 11/21/2006

Signature District Supervisor: Paul Kautz District 1 Date 6/26/2007

VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 6/26/2007

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.
30-025-12491

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 19

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 : 330 Feet From The South 2310 Feet From The East Line
Section 19 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3658' 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:		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>Stimulate & Return to Production</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 pump truck & test casing to 800 PSI. Held OK. RD Pump truck. RURU.
- RIH w/bit & collars. Tagged @4045'
- Drill out junk & 2' of cement.
- Drill on CIBP @4071'. Cut thru CIBP, fell to 4185'. Drill out rest of CIBP & clean out to TD @4272'. Circ clean.
- RIH w/casing scraper & bit, tag @4272'.
- RU wireline and run CNL/HNGS/CCL log. RD wireline.
- RU HES & pump 3000 gal acid & 1500# gelled rock salt block. RD HES.
- RU pump truck & perform scale squeeze.
- Run in hole with ESP equipment on 134 jts of 2-7/8" tbg. Intake set @4092'.
- RDPU & RU. Clean location. Return well to production.

RUPU 11/13/06 RDPU 11/21/06

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 12/12/2006
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:

Handwritten mark