

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 63426
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 618 | | API Number 30-025-37120 | | |
| UL - Lot 3 | Section 30 | Township 18S | Range 38E | Feet From The 1930 | North/South Line S | Feet From The 850 | East/West Line W | County Lea |

II. Workover:

| | |
|---------------------------------------|--|
| Date Workover Commenced: 6/14/2007 | Previous Producing Pool(s) (Prior to Workover): HOBBS;GRAYBURG-SAN ANDRES |
| Date Workover Completed: 6/15/2007 | |

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 | 10/30/2007 |
| 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: 6/15/2007

Signature District Supervisor: Paul Kautz District 1 Date 10/30/2007

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 10/30/2007

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. 30-025-37120 |
| 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 North Hobbs (G/SA) Unit Section 30 |
| 8. Well No. 618 |
| 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 L : 1930 Feet From The South 850 Feet From The West Line
Section 30 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3654' GR

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 checked="" 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: _____ <input 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. Kill well. ND well head/NU BOP.
- RU wire line & shoot 4 circulation holes in 2-7/8" tubing @4090'. RD wire line.
- POOH w/ESP equipment.
- RIH w/bit. Tag PBTD @4348'. Pull bit up to 4100'.
- RU pump truck & pump 500 gal of Xylene, 50 gal of 6496. Flush w/15 bbl of 10# brine. POOH w/bit.
- RIH w/ESP equipment on 125 jts of 2-7/8" tubing. Intake set @4122'.
- ND BOP/NU wellhead.
- RDPU. Clean location

RUPU 06/14/07
RDPU 06/15/07

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 07/03/200
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: