

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 36470  
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 523		API Number 30-025-34372		
UL - Lot F	Section 33	Township 18S	Range 38E	Feet From The 2000	North/South Line N	Feet From The 2450	East/West Line W	County Lea

**II. Workover:**

Date Workover Commenced: 4/11/2006	Previous Producing Pool(s) (Prior to Workover): HOBBS;GRAYBURG-SAN ANDRES
Date Workover Completed: 4/19/2006	

**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	8/17/2006
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: 4/19/2006

Signature District Supervisor: Paul Kautz District 1 Date 8/17/2006

**VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 8/17/2006**

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.

30-025-34372

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 33

8. Well No. 523

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 F : 2000 Feet From The North 2450 Feet From The West Line

Section 33

Township 18-S

Range 38-E

NMPM

Lea County

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

3642' 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:

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: Well Stimulation/Perforate ☒

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. Kill well. POOH w/ESP equipment.

2. Set treating pkr @4061'.

3. Acidize perms from 4095' to 4268' w/3500 gal 15% NEFE w/3 stages x 2200# rock salt block.

4. Shoot new perms from 4059'-72'. 27 holes

5. Acidize perms 4059-72 w/900 gal 15% NEFE per setting.

6. Scale squeeze well w/200 gal NALCO 6490 in 100 bbl fresh water. Flush w/500 bbl fresh water.

7. RIH w/ESP equipment. Intake set @4026'

8. RDPU. Clean & level location.

RUPU 04/11/06

RDPU 04/19/06

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 05/02/2006

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: