

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 56103
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 421		API Number 30-025-05466		
UL - Lot H	Section 23	Township 18S	Range 37E	Feet From The 1650	North/South Line N	Feet From The 330	East/West Line E	County Lea

II. Workover:

Date Workover Commenced: 1/12/2007	Previous Producing Pool(s) (Prior to Workover): HOBBS;GRAYBURG-SAN ANDRES
Date Workover Completed: 1/18/2007	

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	6/25/2007
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: 1/18/2007

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

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.

E 30-025-05466

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 23

8. Well No. 421

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 H : 1650 Feet From The North 330 Feet From The East Line

Section 23

Township 18-S

Range 37-E

NMPM

Lea County

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

3681' 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:

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: Clean out/acid stimulate

☒

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. NU BOP. Kill well.

2. Pull out of hole with ESP equipment.

3. RIH w/bit & tag @4300'. No fill. POOH w/bit.

4. RIH w/treating packer set @3954'.

5. RU HES & acid treat open hole 3997'-4300' with 3000 gal of 15% HCL acid & 2000# of gelled rock salt. RD HES. Swab back.

6. RU pump truck & pump 2000 gal of 6490 chemical w/100 bbl of fresh water. Flush w/500 bbl of 10# brine. POOH w/treating packer.

7. RIH w/ESP equipment on 124 jts of 2-7/8" tubing. ND BOP. Intake set @3921'.

8. RDPU. Clean location

RU 1-12-07

RD 1-18-07

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 01/24/2007

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: