

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-140
Revised June 10, 2003

District I (505) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II (505) 748-1283
1301 W Grand Avenue, Artesia, NM 88210
District III (505) 334-6178
1000 Rio Brazos Rd, Aztec, NM 87410
District IV (505) 827-8198
1220 So. St. Francis Dr., Santa Fe, NM 87505

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

HOS-00040

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

APPLICATION FOR
WELL WORKOVER PROJECT

I. Operator and Well

Operator name & address Occidental Permian Limited Partnership P.O. Box 4294 Houston, TX 77210-4294								OGRID Number 157984	
Contact Party Karen Ellis Room 19.015								Phone 713-366-5161	
Property Name North Hobbs (G/SA) Unit						Well Number 412	API Number 30-025-23384		
UL A	Section 30	Township 18-S	Range 38-E	Feet from the 760	North/South Line North	Feet from the 550	East/West Line East	County Lea	

II. Workover

Date Workover Commenced: 4/11/2005	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 4/21/2005	

III. Attach a description of the Workover Procedures performed to increase production.

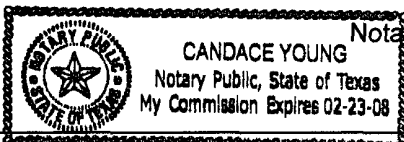
IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

V. AFFIDAVIT:

State of Texas)
County of Harris) ss.
Karen Ellis, being first duly sworn, upon oath states:

1. I am the Operator or authorized representative of the Operator of the above referenced Well.
2. I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
3. To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature Karen Ellis Title Sr. Tax Incentive Analyst Date 9/28/2005
E-mail Address karen.ellis@oxy.com
SUBSCRIBED AND SWORN TO before me this 28th day of September, 20 05

My Commission expires:  Candace Young Notary Public

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

4/21/2005

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>10/18/05</u>
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VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

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.	30-025-23384
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" 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.	412
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	
4. Well Location Unit Letter <u>A</u> : <u>760</u> Feet From The <u>NORTH</u> <u>550</u> Feet From The <u>EAST</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3650' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: _____

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. Pull ESP equipment.
2. Set CIBP @4300'.
3. Sqz perms 4142'-73' using 200 sx Prem + cmt w/3% CaCl.
4. Stimulate perms 4198-4261 w/1500 g 15% PAD acid.
5. RIH w/Reda ESP on 130 jts 2-7/8" tbg w/drain valkve. Install QCI wellhead connection. Intake set @3971'.
6. RDPU. Clean Location.

Rig Up Date: 04/11/2005
Rig Down Date: 04/21/2005

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 ☐

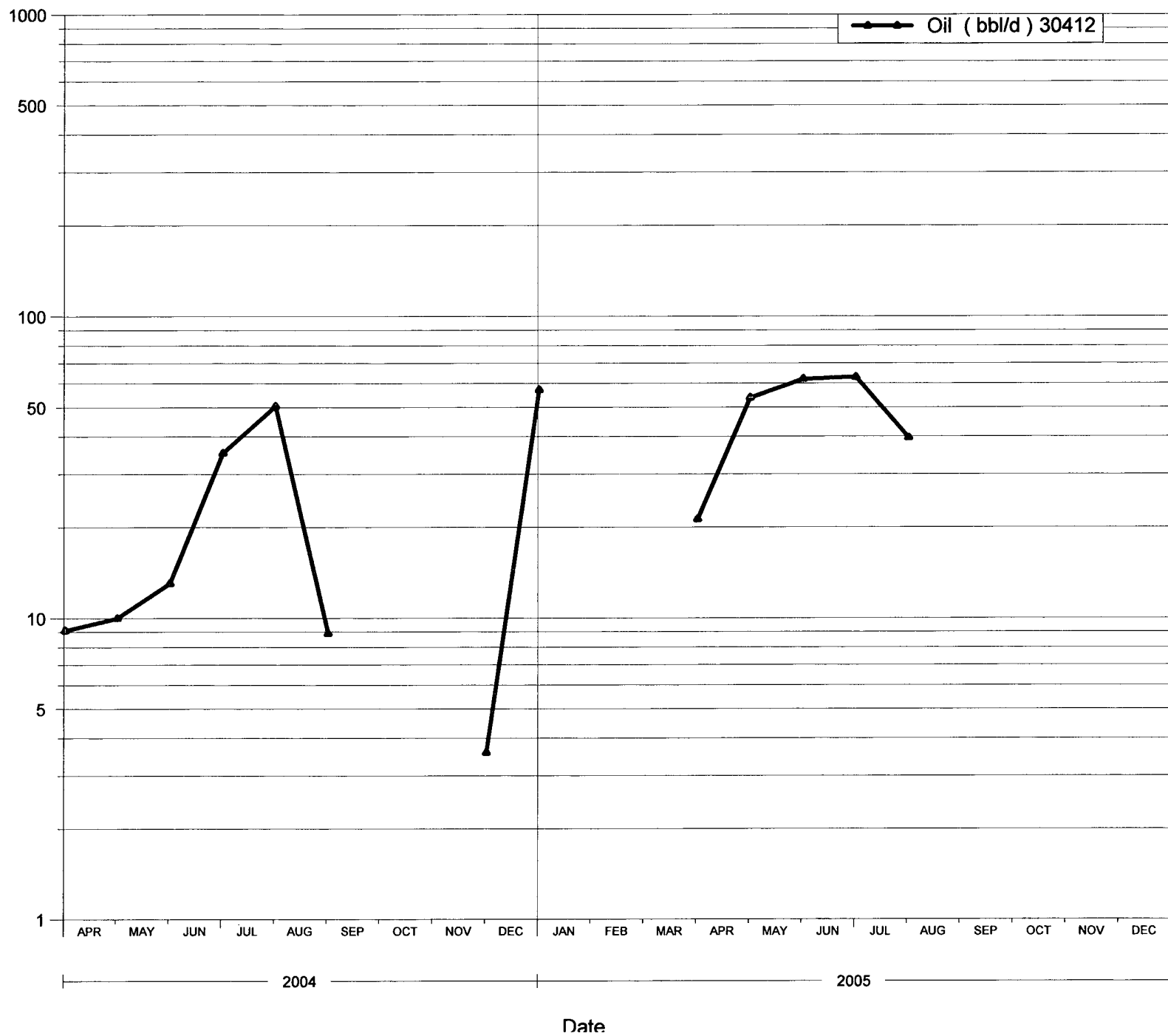
SIGNATURE _____ TITLE Workover Completion Specialist DATE 05/03/2005
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

Wwo

NORTH HOBBS UNIT WELL NO. 30-412



NORTH HOBBS UNIT WELL NO. 30-412

Well Workover

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
20040101	21	647
20040201	15	426
20040301	11	340
20040401	9	273
20040501	10	310
20040601	13	391
20040701	35	1094
20040801	50	1564
20040901	9	267
20041001	0 *	
20041101	0 *	
20041201	4	111
20050101	57	1770
20050201	0	0
20050301	0	0
20050401	21	638
20050501	54	1666
20050601	62	1860
20050701	63	1951
20050801	40	1229