

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 39499
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 SOUTH HOBBS G/SA UNIT				Well Number 220		API Number 30-025-29891		
UL - Lot 3	Section 4	Township 19S	Range 38E	Feet From The 1425	North/South Line N	Feet From The 1480	East/West Line W	County Lea

II. Workover:

Date Workover Commenced: 5/2/2006	Previous Producing Pool(s) (Prior to Workover): HOBBS;GRAYBURG-SAN ANDRES
Date Workover Completed: 5/11/2006	

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	10/12/2006
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: 5/11/2006

Signature District Supervisor: Chris Williams District 1 Date 10/19/2006

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 10/19/2006

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. <div style="text-align: right;">30-025-29891</div>	
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 South Hobbs (G/SA) Unit Section 4	
8. Well No. 220	
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 HCR 1 Box 90 Denver City, TX 79323			
4. Well Location Unit Letter <u>F C</u> : <u>1425</u> Feet From The <u>North</u> <u>1480</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County			
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3635' KB			
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"/>	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>Open additional perfs/Acid Treat well</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.

1. RUPU. Pull ESP equipment.
2. Scanalog tbg out of hole.
3. Pump down tbg, clean out from 4354 to 4360. Fell free to PBTD @4465'
4. Perforate hole w/4" gun w/120 phase, 2 JSPF @4202-07, 4212-17, 4358-65, 4369-78, 4387-90 (63 holes).
5. Acid treat new perfs from 4202-4390 w/2' spacing w/1700 gal 15% HCL acid
6. Acid treat new perfs from 4202-4390 w/3500 gal 15% HCL acid & 1400# gelled salt. Dumped 3 stages of salt.
7. Pumped 200 gal 6490 chemical mixed w/100 bbl fresh water. Flush w/500 bbl fresh water.
8. RIH w/ESP equipment on 126 jts of 2-7/8" tbg. Intake set @4125'
9. RDPU. Clean location.

RUPU 05/02/06 RDPU 05/11/06

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 <u>Administrative Associate</u>	DATE <u>05/22/2006</u>
TYPE OR PRINT NAME <u>Mendy A. Johnson</u>	E-mail address: <u>Mendy_johnson@oxv.com</u>	TELEPHONE NO. <u>806-592-6280</u>

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: