

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-139  
Permit 63421  
Revised June 10, 2003

**Oil Conservation Division**

**1220 S. St Francis Dr.  
Santa Fe, NM 87505  
(505) 476-3440**

**APPLICATION FOR PRODUCTION RESTORATION 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 231		API Number 30-025-07382	
UL - Lot K	Section 20	Township 18S	Range 38E	Feet From The	North/South Line S	Feet From The	East/West Line W	County Lea

**II. Pool and Production Restoration:**

Previous Producing Pool(s) (If change in Pools): HOBBS;GRAYBURG-SAN ANDRES	
Date Production Restoration started: 2/21/2007	Date Well Returned to Production: 5/1/2007
Describe the process used to return the well to production (Attach additional information if necessary): See attached C-103 and graph Please see attached form for more detail...	

**III. Identify the period and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production:**

Records Showing Well produced less than 30 days during 24 month period: <input type="checkbox"/> Well File record showing that well was plugged <input checked="" type="checkbox"/> OCD production data <input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)	Month/Year (Beginning of 24 month period): 1/1/2005 Month/Year (End of 24 month period): 5/1/2007
---	--

**IV. 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:**

**V. CERTIFICATION OF APPROVAL:**

This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on:

Date Production Restored as Reported on C-115: 5/2007

Date Well Returned to Production: 5/1/2007

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

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

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.  
30-025-07382

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 20

8. Well No. 231

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 Temporarily Abandoned

2. Name of Operator  
Occidental Permian Ltd.

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter K : 2310 Feet From The South 1320 Feet From The West Line  
Section 20 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3645' 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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐

PULL OR ALTER CASING ☐ Multiple Completion ☐

CASING TEST AND CEMENT JOB ☐

OTHER: \_\_\_\_\_ ☐

OTHER: Deepen & return well to production ☒

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 & RU. NU BOP. Test casing & BOP to 1000 PSI. OK.

2. RIH w/bit & drill collars.

3. RU power swivel & drill out cement from 3920-3955'. Drill on CIBP. Drill loose & pushed to 4125'. Tag w/bit @4134'. Drill out CIBP. Clean out sand & Hydromite to 4158'. Circ clean & RD power swivel.

4. POOH w/bit & drill collars. RIH w/Kutrite shoe. Tag @4135'.

5. RU power swivel, wash through tight spot from 4135-4140', 4148-4150'. Tag top of fish @4158'. Wash over to 4165'. Circ clean. RD power swivel. POOH w/Kutrite shoe.

6. RIH w/2<sup>nd</sup> shoe, tag @4165'. RU power swivel & wash over from 4165' to 4179'. POOH w/shoe.

7. Drill new hole from 4179-4213'. Lost circulation. RU HES cement truck. Pump 63 bbl 14.8# cement. Well began circulating.. Drill cement from 4013-4208'. Drill cement/formation mix from 4208-4217'. Drill new formation from 4217-4284'. Quit making hole. RIH w/new bit & continue drilling to 4365'. Circ clean. RD power swivel.  
\*\*\* additional data on attached sheet\*\*\*

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 04/10/2007

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: