

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 56130  
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 241		API Number 30-025-12493	
UL - Lot N	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: 12/11/2006	Date Well Returned to Production: 12/15/2006
Describe the process used to return the well to production (Attach additional information if necessary): See attached C-103, table 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): 12/1/2004 Month/Year (End of 24 month period): 3/1/2007
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**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 6/26/2007
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: 3/2007

Date Well Returned to Production: 12/15/2006

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

**VI. 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

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1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.  
30-025-12493

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. 241

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 N : 330 Feet From The South 2310 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.)  
3652' DF

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: Acid Treat & Return 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. NU BOP.

2. Test casing to 1000#. Held OK.

3. RIH w/drill collars & bit. Tag up on CIBP @3925'. Drill out CIBP & clean out to 4274'. Circ hole clean.

4. RU wire line & run CNL/HNGS/CCL log from 4268-3300'. RD wire line.

5. RIH w/HDCH packer set @4225'.

6. RU acid truck, pump 500 gal acid, 500# gelled rock salt, 1000 gal acid. Pumped ¼ bbl per min @1800#. Pumped 1000 gal acid & 50 bbl fresh water @1000#. Swab back.

7. Pump 200 gals of 6490 mixed w/100 bbl fresh water. Flush w/500 bbl 10# brine.

8. Release & POOH w/packer.

9. RIH w/ESP equipment on 118 jts of 2-7/8" tubing. Intake set @3756.

10. ND BOP & NU CPROX wellhead. RDPU. Clean location.

RUPU 12/11/2006

RDPU 12/15/2006

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 01/03/2007

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:

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