

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 56131
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 441		API Number 30-025-07366	
UL - Lot P	Section 19	Township 18S	Range 38E	Feet From The	North/South Line S	Feet From The	East/West Line E	County Lea

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): HOBBS;GRAYBURG-SAN ANDRES	
Date Production Restoration started: 12/5/2006	Date Well Returned to Production: 12/14/2006
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: 12/14/2006

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

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1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

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1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-07366

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 19

8. Well No. 441

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 P : 330 Feet From The South 330 Feet From The East Line

Section 19

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:

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: 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. Test casing to 1000 PSI for 30 minutes. Tested OK.

2. RIH w/drill collars & bit. Tag @3888'.

3. Drill on cement @4005'. Fell out of cement @4012', tag up at 4079'. Drill cement to 4107'.

4. Drill on CIBP, push to 4272'. Circ clean. POOH & change bit. Drill down to 4242'. Circ hole clean.

5. Drill out shoe & new open hole to 4294'. Circ hole clean.

6. RU wire line and run CNL/HNGS/CCL log from 4286' to 3300'. RD wire line.

7. RU Slumberger & perforate hole @4208-14', 4224-32' @ 2 JSPF with 180 degree spiral (32 holes) RD Slumberger.

8. RIH w/5" treating packer set @4121. RU HES, pump 3000 gals 15% acid, 1000# gel rock salt in three stages. RD HES.

9. Pump scale squeeze. Release pkr & POOH.

10. RIH w/ ESP equipment on 129 jts of 2-7/8" tbg. Intake set @4108'.

11. RDPU & RU. Clean location.

RUPU 12/05/06

RDPU 12/14/06

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 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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