

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

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 31-411		API Number 30-025-07490		
UL A	Section 31	Township 18-S	Range 38-E	Feet from the 330	North/South Line North	Feet from the 330	East/West Line East	County Lea

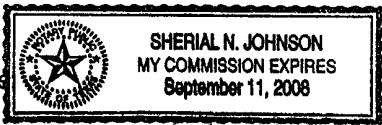
II. Workover

Date Workover Commenced: 6/28/04	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 6/30/04	

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 <u>Texas</u>	} ss.
County of <u>Harris</u>	
<u>Karen Ellis</u> , 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 <u>Karen Ellis</u> Title <u>Tax Incentive Analyst</u> Date <u>01/03/2005</u>	
E-mail Address <u>karen_ellis@oxy.com</u>	
SUBSCRIBED AND SWORN TO before me this <u>3rd</u> day of <u>January</u> , 20 <u>05</u>	
My Commission expires	
Notary Public <u>Sherial N. Johnson</u>	

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

6/30/2004

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>1/7/05</u>
-----------------------------------------------------	--------------------------	-----------------------

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

**DISTRICT I**

1625 N. French Drive , Hobbs, NM 88240

**OIL CONSERVATION DIVISION**

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.	30-025-07490
5. Indicate Type of Lease	FED <input type="checkbox"/> 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	31
8. Well No.	411
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3645' GL

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 PERMIAM, LTD.
3. Address of Operator	1017 W STANOLIND RD.
4. Well Location	Unit Letter <u>A</u> : <u>330</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line Section <u>31</u> Township <u>18-S</u> Range <u>38-E</u> LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3645' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

RUPU. Pull Production equipment.  
Stimulate Perfs (4121-4252 w/2500 g 15% NEFE HCL acid.  
Run ESP equipment on 127 jts 2-7/8" tbg.  
Intake set @3971'.  
Return well to production.  
RDPU. Clean Location.

Rig Up Date: 06/28/2004  
Rig Down Date: 06/30/2004

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

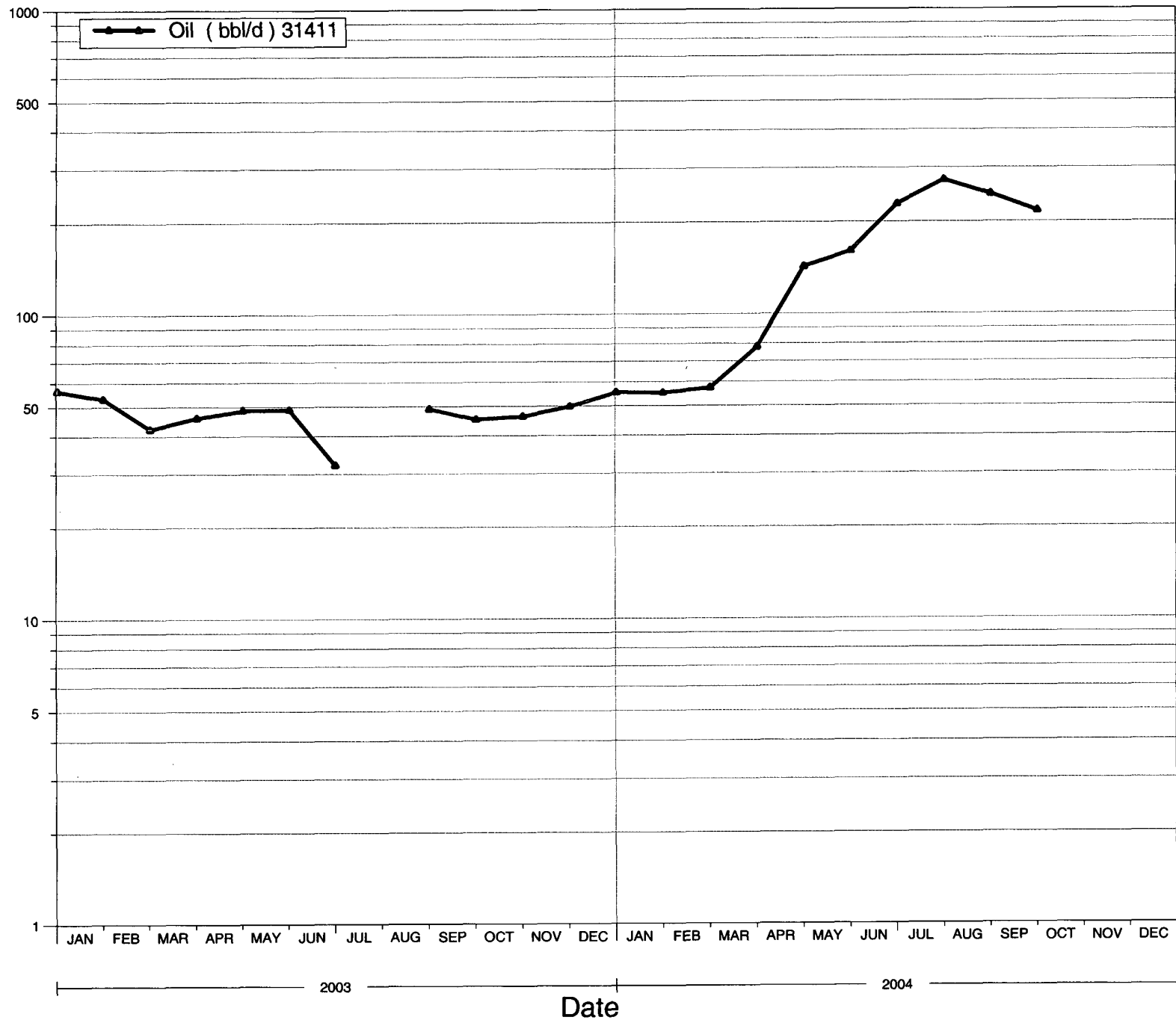
SIGNATURE	TITLE	DATE
Robert Gilbert	Workover Compl Specialist	07/01/2004
TYPE OR PRINT NAME	PHONE NO.	
	505/397-8206	

(This space for State Use)

APPROVED BY	TITLE	DATE

CONDITIONS OF APPROVAL IF ANY:

# North Hobbs Unit 31-411



# **NORTH HOBBS UNIT WELL NO. 31411**

<b>DATE</b>	<b>Oil Rate (Cal. Day)</b>	<b>Monthly Oil bbl</b>
20030101	56	1747
20030201	53	1486
20030301	42	1308
20030401	46	1378
20030501	49	1508
20030601	49	1466
20030701	32	994
20030801	0	0
20030901	49	1471
20031001	45	1403
20031101	46	1389
20031201	50	1545
20040101	55	1716
20040201	55	1601
20040301	57	1774
20040401	78	2338
20040501	143	4428
20040601	160	4812
20040701	229	7085
20040801	274	8480
20040901	246	7373
20041001	217	6721