

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

H-050007

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

Denied

must have 12 months
production prior to
workover

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 31-311		API Number 30-025-07491		
UL B	Section 31	Township 18-S	Range 38-E	Feet from the 440	North/South Line North	Feet from the 2310	East/West Line East	County Lea


II. Workover

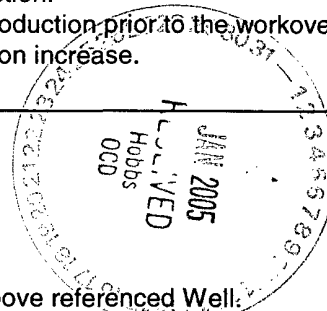
Date Workover Commenced: 7/15/04	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 7/19/04	

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>	
Karen Ellis, 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:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHERIAL N. JOHNSON MY COMMISSION EXPIRES September 11, 2008</div> 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 _____, 20____.

Signature District Supervisor	OCD District	Date
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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.	30-025-07491
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

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"/>		7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT	
2. Name of Operator OCCIDENTAL PERMIAN, LTD.		SECTION 31	
3. Address of Operator 1017 W STANOLIND RD.		8. Well No. 311	
4. Well Location Unit Letter <u>B</u> : <u>440</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line Section <u>31</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County		9. Pool name or Wildcat HOBBS (G/SA)	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3649' GL			

11. 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 checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____	<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.

1. RUPU. Pull ESP equipment.
2. Perforate 4140' - 52'. 2 JSPF, 180 deg ph.
3. Stimulate open hole w/2500 g 15% NEFE HCL acid.
4. Stimulate new perms w/1000 g 15% NEFE HCL acid. PPI w/20' spacing.
5. Run Reda ESP equipment on 126 jts 2-7/8" tbg. Intake set @3835'.
6. Rig Down Pulling Unit. Clean Location.

Rig Up Date: 07/15/2004
Rig Down Date: 07/19/2004

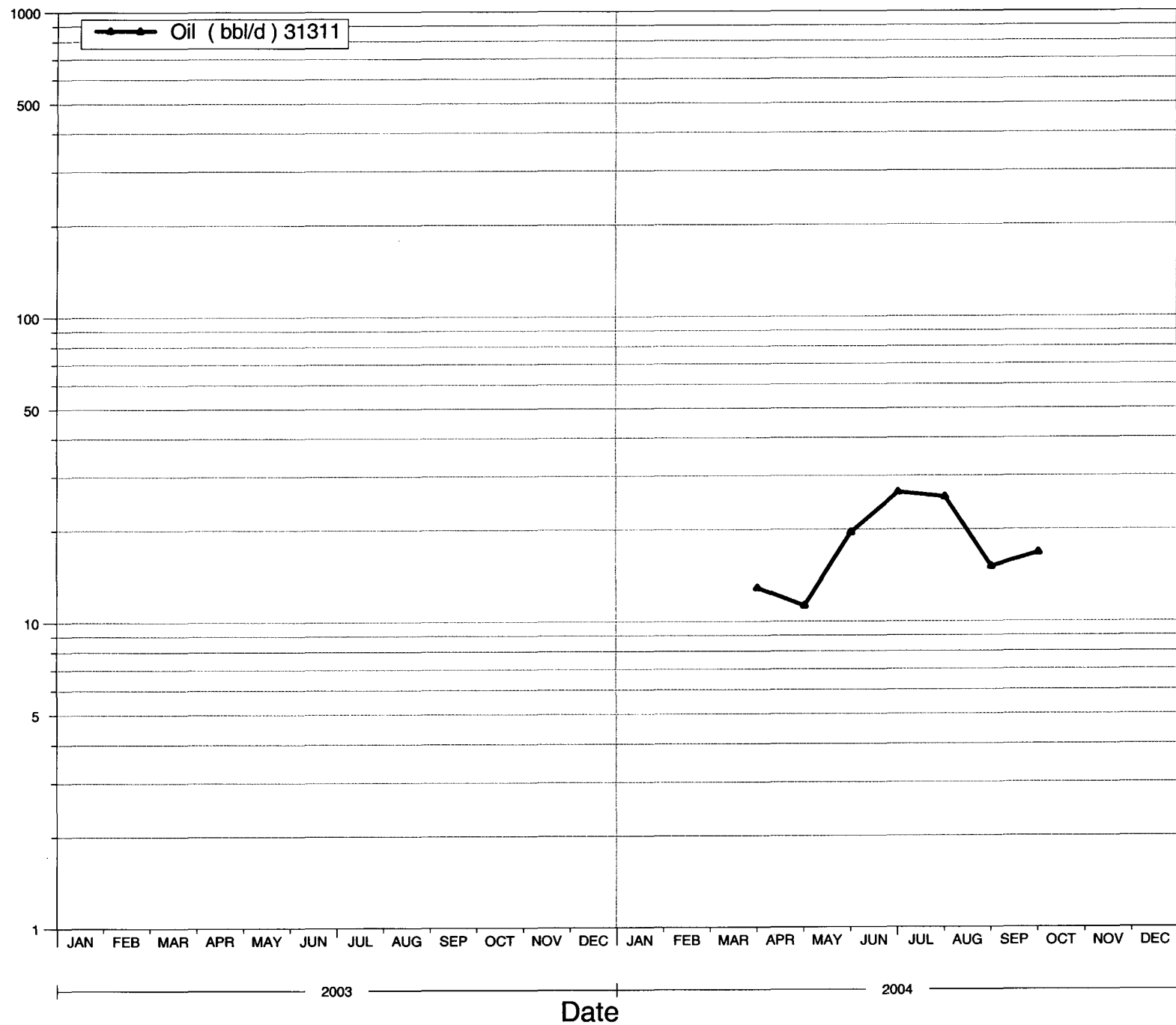
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____	TITLE <u>WO Completion Specialist</u>	DATE <u>07/20/2004</u>
TYPE OR PRINT NAME <u>Robert Gilbert</u>	Phone NO. <u>505-397-8206</u>	

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

North Hobbs Unit 31-311



NORTH HOBBS UNIT WELL NO. 31-311

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
20030101	0	0
20030201	0	0
20030301	0	0
20030401	0	0
20030501	0	0
20030601	0	0
20030701	0	0
20030801	0	0
20030901	0	0
20031001	0	0
20031101	0	0
20031201	0	0
20040101	0	0
20040201	0	0
20040301	0	0
20040401	13	386
20040501	11	349
20040601	20	587
20040701	26	821
20040801	26	792
20040901	15	453
20041001	17	520