

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. *H-05-00004*
 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 33-123		API Number 30-025-23263		
UL E	Section 33	Township 18-S	Range 38-E	Feet from the 1980	North/South Line North	Feet from the 660	East/West Line West	County Lea	

II. Workover

Date Workover Commenced: 7/13/2004	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 7/15/2004	

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 Texas)
 County of Harris) ss.

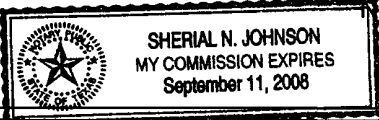
Karen Ellis, being first duly sworn, upon oath states:

- I am the Operator or authorized representative of the Operator of the above referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- 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 Karen Ellis Title Tax Incentive Analyst Date 01/03/2005

E-mail Address karen.ellis@oxy.com

SUBSCRIBED AND SWORN TO before me this 3rd day of January, 2005.

My Commission expires:  Notary Public Sherial N. Johnson

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

7/15/2005

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>1/7/05</u>
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VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-23263
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT Section 33
8. Well No.	123
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3657' GL	

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"/>	
2. Name of Operator Occidental Permian, LTD	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>33</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>LEA</u> County	

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG & ABANDONMENT <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.

1. RUPU. Pull ESP production equipment.
2. Stimulate perms 4051-4239 w/2340 g 15% NEFE HCL acid.
3. RIH w/Reda ESP equipment on 127 jts 2-7/8" tbg. Intake set @4000'.
4. Install QCI wellhead equipment. NU wellhead.
5. RDPU. Clean Location.

Rig UP Date : 07/13/2004
Rig Down Date: 07/15/2004

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	07/20/2004
TYPE OR PRINT NAME		TELEPHONE NO.
		505/397-8206

(This space for State Use)

APPROVED BY	TITLE	DATE

CONDITIONS OF APPROVAL IF ANY:

North Hobbs Unit 33-123



NORTH HOBBS UNIT WELL NO. 33123

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
20030101	58	1804
20030201	55	1538
20030301	52	1598
20030401	51	1541
20030501	50	1558
20030601	52	1547
20030701	47	1450
20030801	45	1385
20030901	46	1384
20031001	60	1856
20031101	66	1965
20031201	28	856
20040101	26	805
20040201	23	657
20040301	23	719
20040401	22	666
20040501	30	919
20040601	2	72
20040701	41	1283
20040801	75	2329
20040901	76	2268
20041001	87	2709