

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

14-05-00002

**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 South Hobbs (G/SA) Unit					Well Number 197		API Number 30-025-29444		
UL L	Section 34	Township 18-S	Range 38-E	Feet from the 2030	North/South Line South	Feet from the 860	East/West Line West	County Lea	

II. Workover

Date Workover Commenced: 7/20/2004	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 8/04/2004	

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.

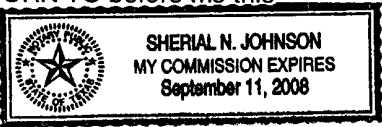
Karen Ellis, being first duly sworn, upon oath states:

- 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, 20 05.

My Commission expires  Notary Public Sheri 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

8/14/2004

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:

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.	30-025-29444
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	SOUTH HOBBS (G/SA) UNIT
8. Well No.	197
9. 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 <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.
4. Well Location	Unit Letter <u>L</u> : <u>2030</u> Feet From The <u>SOUTH</u> Line and <u>860</u> Feet From The <u>WEST</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3625' 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"/>	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.

Pull production equipment.
Plug back w/gravel and cap w/cmt from 4355' to 4236'. Spot sand from 4236' to 4140'.
Sqz grayburg perfs @3990-4004 and 4012-25 using 575 sxs Prem Plus cmt w/3% CaCl.
Drill out and tst sqz to 1000 psi. Clean out to PBTD @4240.
Perforate the following intervals; 4138-53 using 2 jspf, 120 deg ph.
Stimulate new perfs w/1000 g 15% NEFE HCL acid.
Stimulate perfs below 4120' w/3000 g 15% NEFE HCL acid.
RUN Reda ESP equipment on 130 jts 2-7/8" tbg w/drain valve. Intake set @3985'.
RDPU. Clean Location.

Rig Up Date: 07/20/2004
Rig Down Date: 08/04/2004

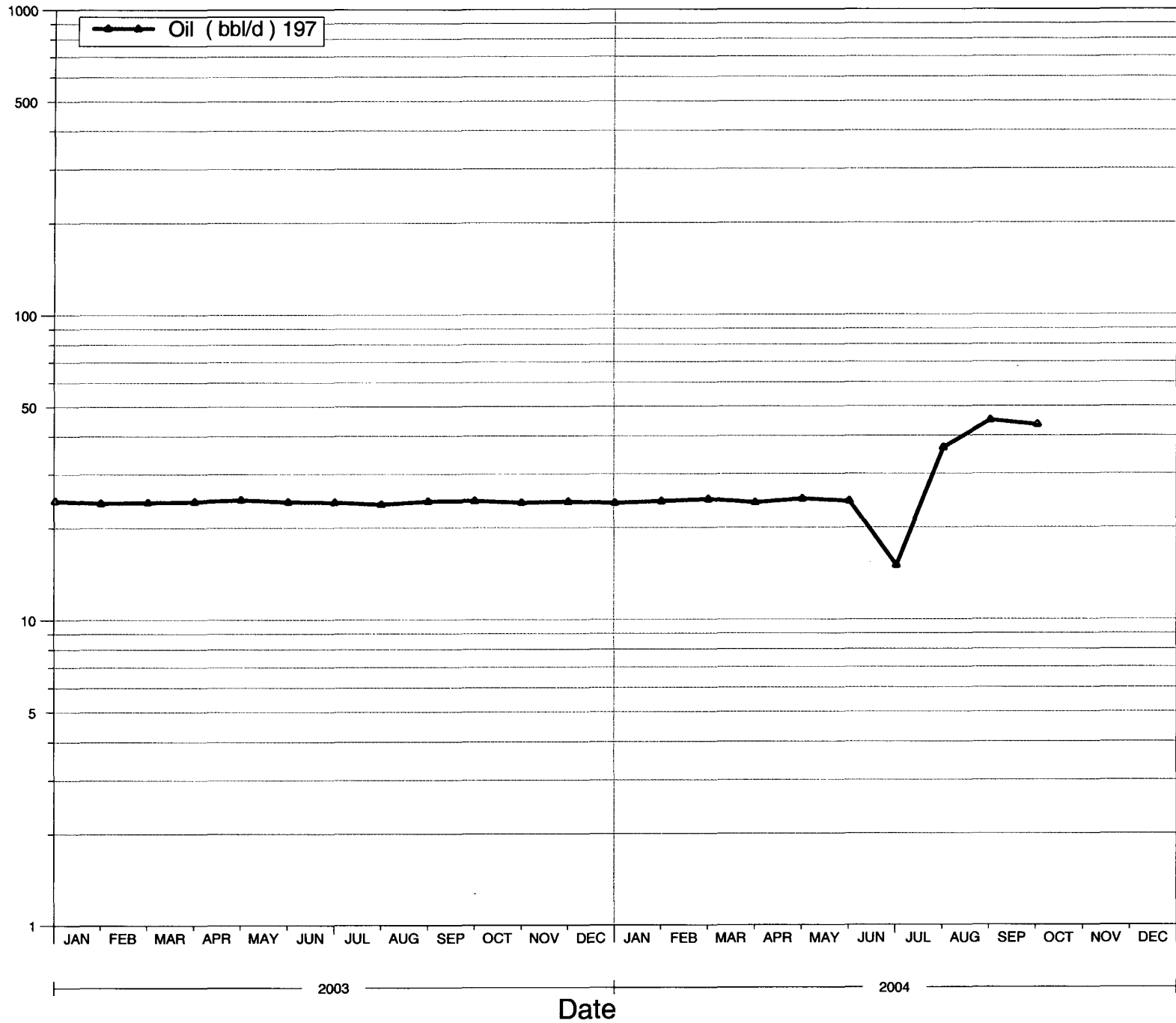
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE Workover Compl Specialist DATE 08/05/2004
TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

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

South Hobbs Unit 197



SOUTH HOBBS UNIT WELL NO. 197

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
20030101	25	760
20030201	24	675
20030301	24	752
20030401	24	731
20030501	25	766
20030601	24	730
20030701	24	751
20030801	24	740
20030901	24	732
20031001	24	759
20031101	24	725
20031201	24	754
20040101	24	748
20040201	24	708
20040301	25	767
20040401	24	725
20040501	25	770
20040601	24	732
20040701	15	465
20040801	37	1133
20040901	45	1349
20041001	43	1347