

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 111	API Number 30-025-07511		
UL D	Section 31	Township 18-S	Range 37-E	Feet from the 440	North/South Line North	Feet from the 330	East/West Line East	County Lea


II. Workover

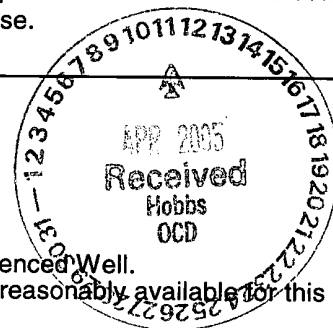
Date Workover Commenced: 10/5/2004	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 10/19/2004	

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 <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>4/4/2005</u>
E-mail Address <u>karen.ellis@oxy.com</u>	
SUBSCRIBED AND SWORN TO before me this <u>4th</u> day of <u>April</u> , 20 <u>05</u>	
My Commission expires 	Notary Public <u>Sheri 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 10/19/2004

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>4/11/05</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 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr. , Hobbs, NM 88240

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Santa Fe, NM 87505

DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-07511

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 31

8. Well No. 111

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
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

4. Well Location
Unit Letter D : 440 Feet From The NORTH 330 Feet From The EAST Line
Section 31 Township 18-S Range 37-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3640' GR

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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Deepen Well</u> <input checked="" type="checkbox"/>	

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. Replace wellhead for CO2 service.
2. Deepen well from 4224' to 4270'.
3. Run CNL/GR log from 4270' to 3250'. Fax logs to Houston Engr.
4. Stimulate open hole 3961' to 4270' w/2500 g 15% NEFE HCL acid.
5. Run Reda ESP equipment, 124 jts 2-7/8" tbg. Intake set @3922'.
6. Install QCI wellhead connection.
7. RDPU. Clean Location.

Rig Up Date: 10/05/2004
Rig Down Date: 10/19/2004

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 ☐

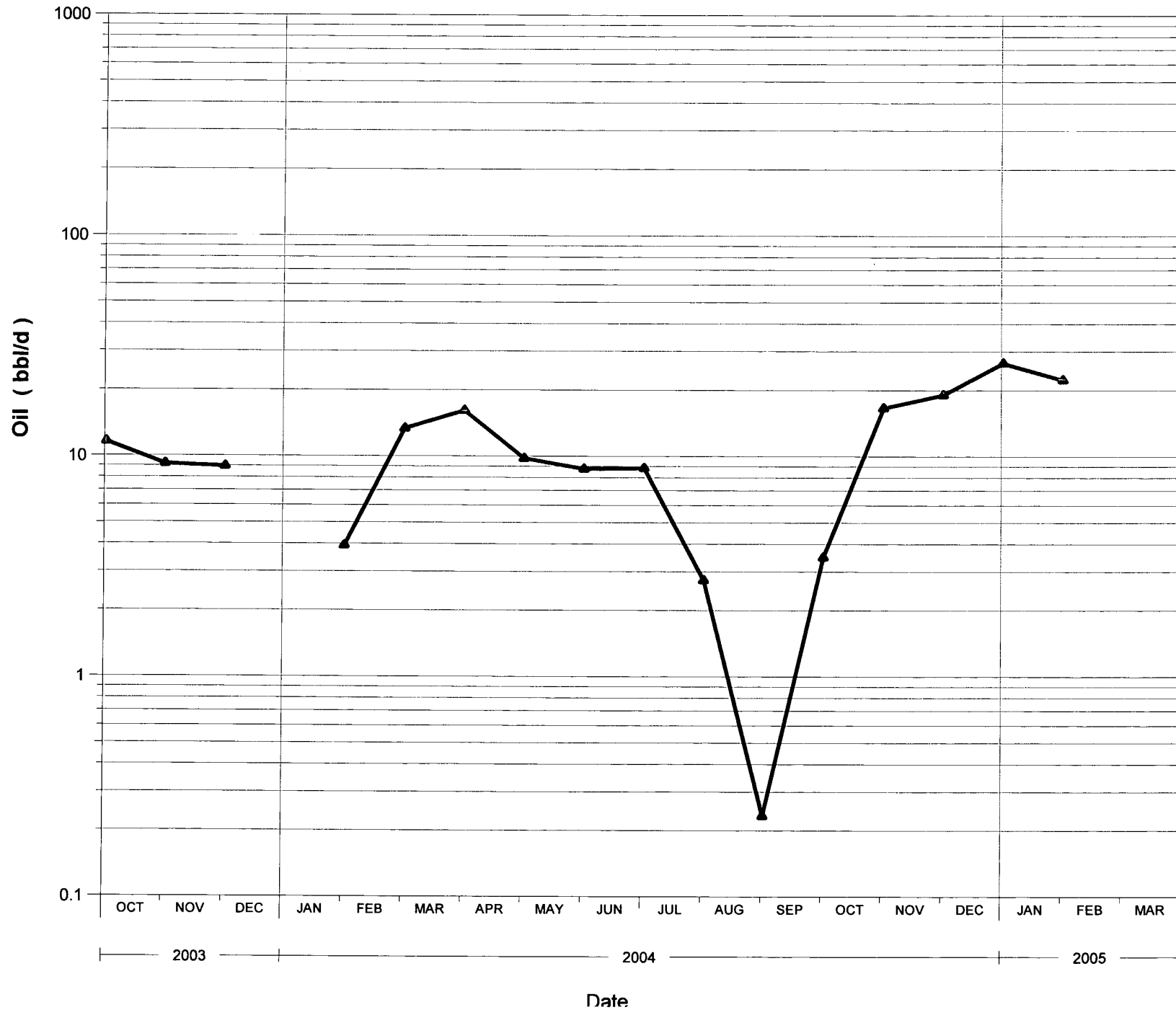
SIGNATURE _____ TITLE Workover Completion Specialist DATE 10/31/2004
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

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

NORTH HOBBS UNIT WELL NO. 31-111

Well Workover



NORTH HOBBS UNIT WELL NO. 31-111
Well Workover

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
20030101	12	366
20030201	12	343
20030301	12	369
20030401	11	342
20030501	13	391
20030601	14	434
20030701	15	457
20030801	12	383
20030901	11	338
20031001	12	359
20031101	9	276
20031201	9	278
20040101	0 *	
20040201	4	114
20040301	13	414
20040401	16	483
20040501	10	303
20040601	9	263
20040701	9	274
20040801	3	85
20040901	0	7
20041001	3	108
20041101	17	498
20041201	19	590
20050101	26	821
20050201	22	624