

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) 476-3440  
1220 So. St. Francis Dr.  
Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-139  
Revised June 10, 2003

Oil Conservation Division

1220 South St. Francis Dr.  
Santa Fe, NM 87505  
(505) 476-3440

H-05-00032

SUBMIT ORIGINAL  
PLUS 2 COPIES  
TO APPROPRIATE  
DISTRICT OFFICE

APPLICATION FOR PRODUCTION RESTORATION 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 M/C 19.015						Phone 713-366-5161		
Property Name North Hobbs Unit				Well Number 311		API Number 30-025-05481		
UL B	Section 24	Township 18-S	Range 37-E	Feet from the 660	North/South Line North	Feet from the 1980	East/West Line East	County Lea

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 11/22/2004	Date Well Returned to Production: 11/30/2004
Describe the process used to return the well to production (Attach additional information if necessary): See Attached C-103	

III. Identify the period and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production:

Records Showing Well produced less than 30 days during 24 month period: <input type="checkbox"/> Well file record showing that well was plugged <input type="checkbox"/> ONGARD production data <input checked="" type="checkbox"/> OCD Form - C-115 (Operator's Monthly Report)	Month/Year (Beginning of 24 month period): 11/2002 Month/Year (End 24 month period): 11/2004
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IV. AFFIDAVIT:

State of <u>Texas</u> ) County of <u>Harris</u> ) ss.  <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 personal knowledge of the facts contained in this Application. 3. To the best of my knowledge, this application is complete and correct.	
Signature <u>Karen Ellis</u> Title <u>Tax Incentive Analyst</u> Date <u>5/31/2005</u>	
E-mail Address <u>karen_ellis@oxy.com</u>	
SUBSCRIBED AND SWORN TO before me this <u>31st</u> day of <u>May</u> , 20 <u>05</u> .	
My Commission expires:	 <u>Candace Young</u>

FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

This application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on:

11/30/2004

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>6/7/05</u>
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VI. 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**

1220 South St. Francis Dr.  
Santa Fe, NM 87505

**DISTRICT I**

1625 N. French Dr., Hobbs, NM 88240

**DISTRICT II**

1301 W. Grand Ave, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-05481
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

<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.)		7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT Section 24
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	8. Well No. 311	
2. Name of Operator Occidental Permian Ltd.	9. OGRID No. 157984	
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	10. Pool name or Wildcat HOBBS (G/SA)	
4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> <u>1980</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3662' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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>Convert well to Producer</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.

- RUPU. Pull and lay down injection equipment.
- Clean out w/bit to 4276'.
- Stimulate perfs 4200-56 w/2210 g 15% NEFE HCL acid. 1000# RS
- RIH Reda ESP equipment on 123 jts 2-7/8" tbg w/drain valve. Intake set @3946'.
- Install QCI wellhead connection..
- RDPU. Clean Location.

Rig Up Date: 11/22/2004  
Rig Down Date: 11/30/2004

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 NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE	TITLE	DATE
Robert Gilbert	Workover Completion Specialist	12/01/2004
TYPE OR PRINT NAME	E-mail address:	TELEPHONE NO.
Robert Gilbert	robert_gilbert@oxy.com	505/397-8206

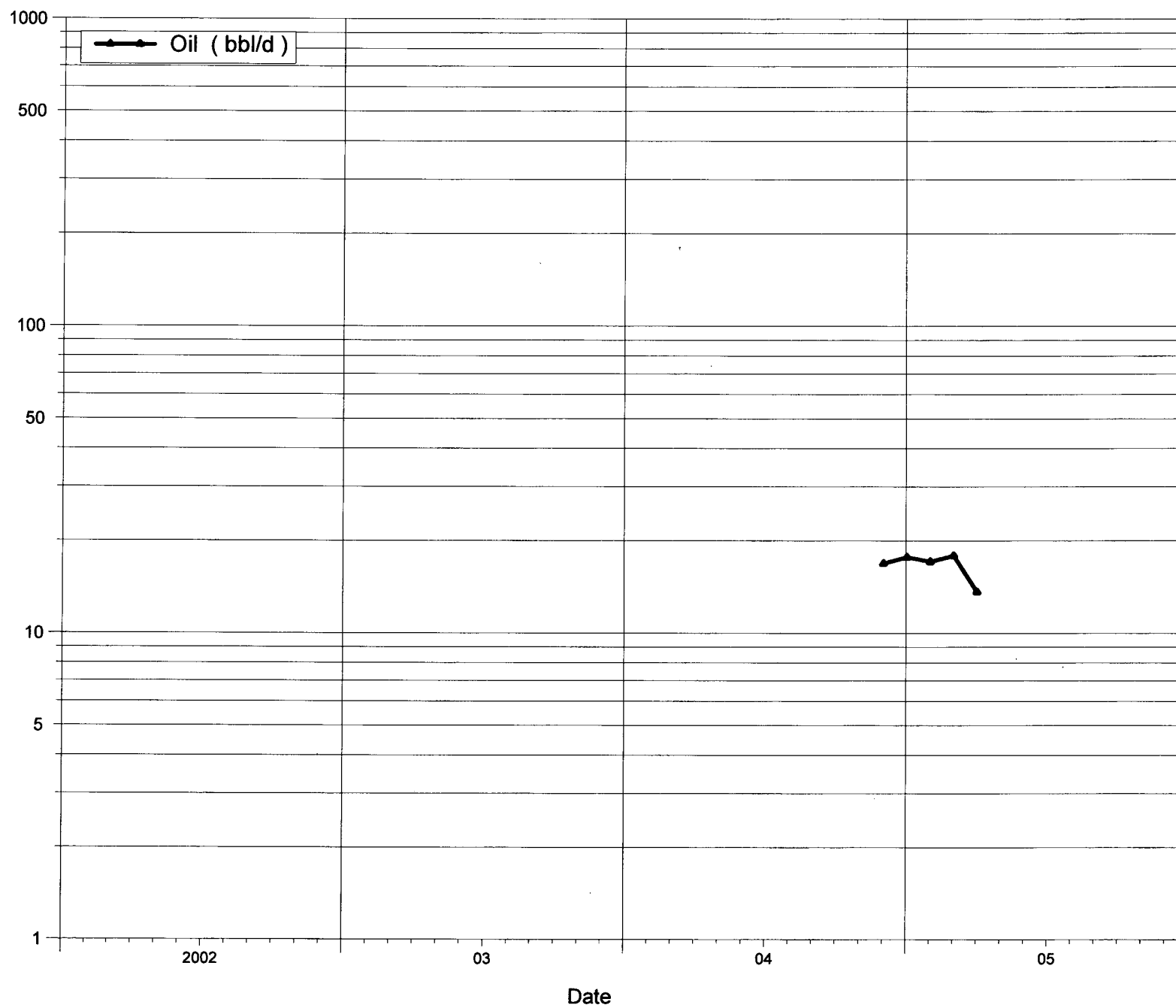
For State Use Only

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

# NORTH HOBBS UNIT WELL NO. 24-311

## PRODUCTION RESTORATION



**NORTH HOBBS UNIT WELL NO. 24-311**  
Production Restoration

<b>DATE</b>	<b>Oil Rate (Cal. Day)</b>	<b>Monthly Oil bbl</b>
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	0	0
20040501	0	0
20040601	0	0
20040701	0	0
20040801	0	0
20040901	0	0
20041001	0	0
20041101	0	0
20041201	17	523
20050101	18	548
20050201	17	479
20050301	18	554
20050401	14	409