

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

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

H-05-00033

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 341		API Number 30-025-05490		
UL 0	Section 24	Township 18-S	Range 37-E	Feet from the 330	North/South Line South	Feet from the 2310	East/West Line East	County Lea	

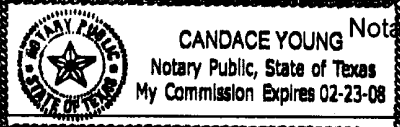
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 12/15/2004	Date Well Returned to Production: 12/18/2004
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): 12/2002 Month/Year (End 24 month period): 12/2004
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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>
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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:

12/18/20 ek

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

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

1220 South St. Francis Dr.
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. 30-025-05490	
5. Indicate Type of Lease 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 24	
8. Well No. 341	
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 <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>O</u> : <u>330</u> Feet From The <u>SOUTH</u> <u>2310</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.) 3655' 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	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Return to production. Acid Treat <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.
- Drill out CIBP @3870'.
- Stimulate perfs 4224-58 w/1260 g 15% NEFE HCL acid.
- RIH Reda ESP equipment on 131 jts 2-7/8" tbg w/drain valve. Intake set @4158'.
- Install QCI wellhead connection..
- RDPU. Clean Location.

Rig Up Date: 12/15/2004
Rig Down Date: 12/18/2004

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 ☐

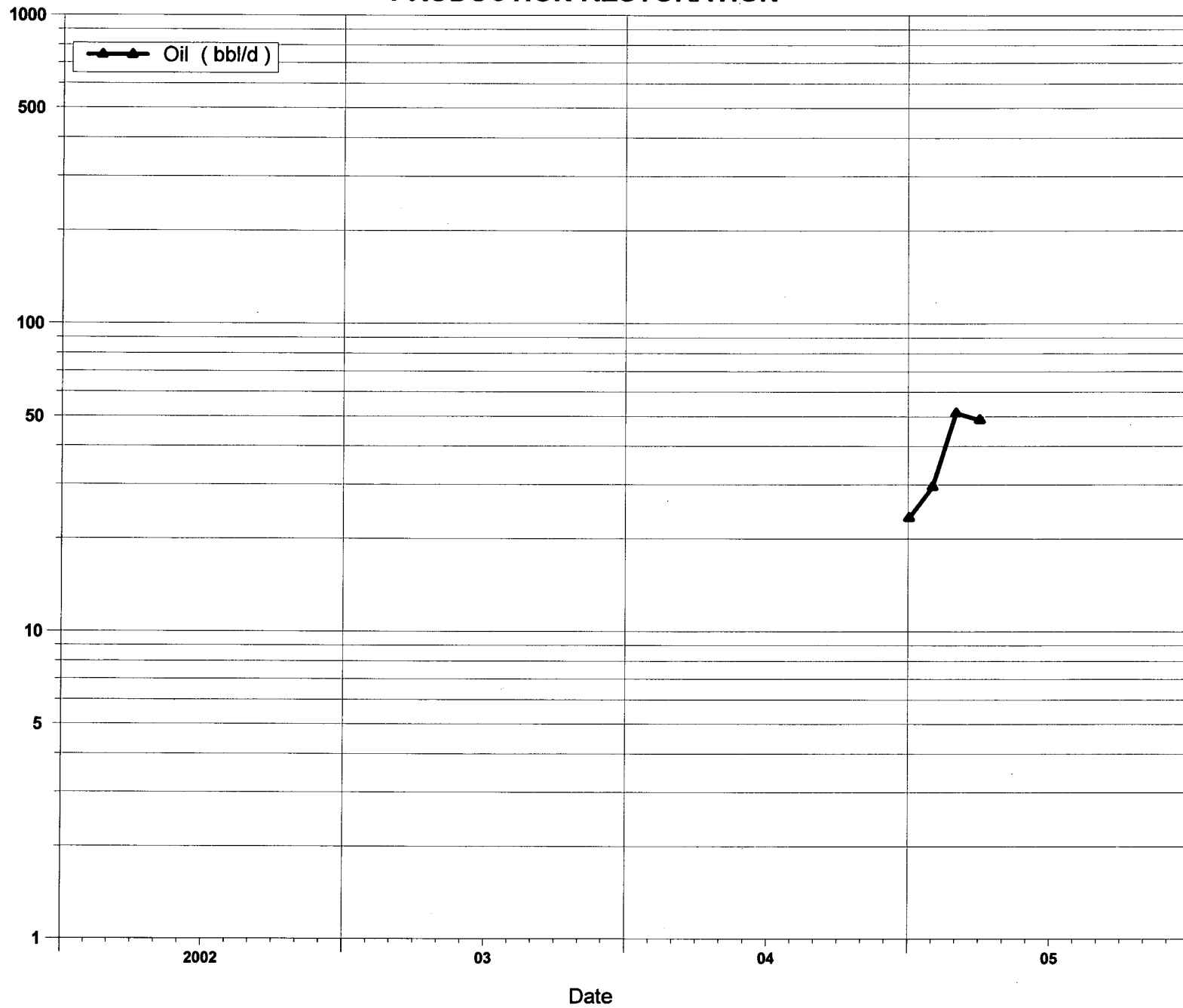
SIGNATURE _____	TITLE <u>Workover Completion Specialist</u>	DATE <u>12/29/2004</u>
TYPE OR PRINT NAME <u>Robert Gilbert</u>	E-mail address: <u>robert_gilbert@oxy.com</u>	TELEPHONE NO. <u>505/397-8206</u>

For State Use Only

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

NORTH HOBBS UNIT WELL NO. 24-341

PRODUCTION RESTORATION



NORTH HOBBS UNIT WELL NO. 24-341
Production Restoration

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
20020101	0	0
20020201	0	0
20020301	0	0
20020401	0	0
20020501	0	0
20020601	0	0
20020701	0	0
20020801	0	0
20020901	0	0
20021001	0	0
20021101	0	0
20021201	0	0
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	1	20
20050101	23	726
20050201	30	828
20050301	51	1589
20050401	49	1463