

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

17-04-00030

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 121		API Number 30-025-07559		
UL E	Section 33	Township 18-S	Range 38-E	Feet from the 2310	North/South Line North	Feet from the 330	East/West Line West	County Lea

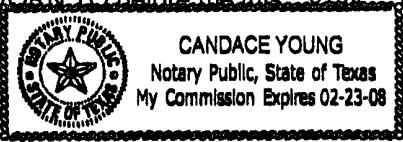
II. Workover

Date Workover Commenced: 12/10/2004	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 12/15/2004	

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 <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>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	<div> CANDACE YOUNG Notary Public, State of Texas My Commission Expires 02-23-08</div> <div>Notary Public <u>Candace Young</u></div>

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

12/15/2004

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>6/7/05</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 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. 30-025-07559

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 33

8. Well No. 121

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 E : 2310 Feet From The NORTH 330 Feet From The WEST Line
Section 33 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3631' 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 checked="" 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: _____ <input 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. RUPU. Pull ESP equipment.
2. Pump 1000 g Xylene down csg.
3. Perforate the following intervals: 4047-50, 4103-10, 4140-49, 4180-82, and 4191-4202, using 2 spf and 120 deg ph.
4. Stimulate perms 4047-4222 w/2600 g 15% NEFE HCL acid.
5. RIH Reda ESP equipment on 125 jts 2-3/8" tbg. Intake set @3988'.
6. RDPU. Clean Location.

Rig Up Date: 12/10/2004
Rig Down Date: 12/15/2004

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 12/28/2004
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505/397-8206

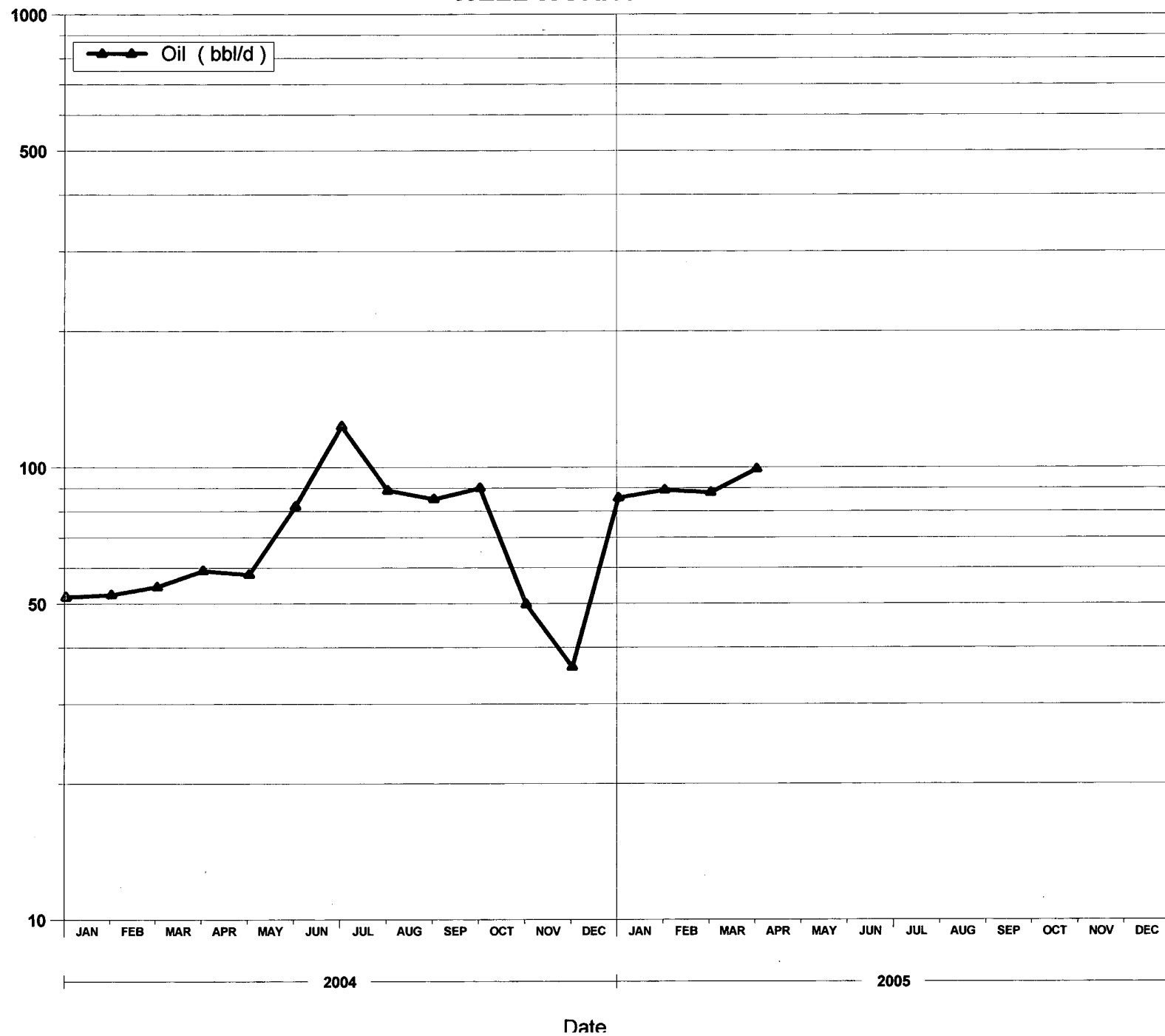
For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

NORTH HOBBS UNIT WELL NO. 33-121

WELL WORKOVER



NORTH HOBBS UNIT WELL NO. 33-121

Well Workover

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl	Avg
20031201	50	1557	
20040101	52	1604	
20040201	52	1517	
20040301	54	1689	
20040401	59	1774	
20040501	58	1796	
20040601	82	2459	
20040701	123	3821	
20040801	89	2757	Avg before workover
20040901	85	2552	
20041001	90	2791	1778
20041101	50	1495	
20041201	36	1123	
20050101	86	2655	Avg after workover
20050201	89	2495	
20050301	88	2727	2713
20050401	99	2974	