

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-05-00034

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 612		API Number 30-025-35450		
UL E	Section 24	Township 18-S	Range 37-E	Feet from the 2220	North/South Line North	Feet from the 406	East/West Line West	County Lea

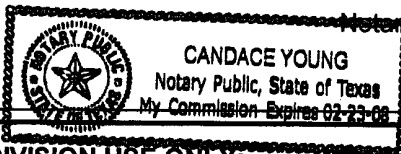
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 12/27/2004	Date Well Returned to Production: 12/29/2004
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
--	---

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> Notary Public
--

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:

12/29/2004

Signature District Supervisor <u>[Signature]</u>	OCD District <u>7</u>	Date <u>6/7/05</u>
---	--------------------------	-----------------------

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.

30-025-35450

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 24

8. Well No. 612

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 TA'd ☐

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 : 2220 Feet From The NORTH 406 Feet From The WEST Line

Section 24

Township 18-S

Range 37-E

NMPM

LEA County

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

3676' 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

OTHER: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Return to production. Acid Treat

☒

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.
2. Drill out CIBP @4185'.
3. Stimulate perms 4216-54 w/1890 g 15% NEFE HCL acid.
4. RIH Reda ESP equipment on 129 jts 2-7/8" tbg w/drain valve. Intake set @4181'.
5. Install QCI wellhead connection..
6. RDPU. Clean Location.

Rig Up Date: 12/27/2004

Rig Down Date: 12/29/2004

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 12/30/2004

TYPE OR PRINT NAME Robert Gilbert

E-mail address: robert_gilbert@oxy.com

TELEPHONE NO. 505/397-8206

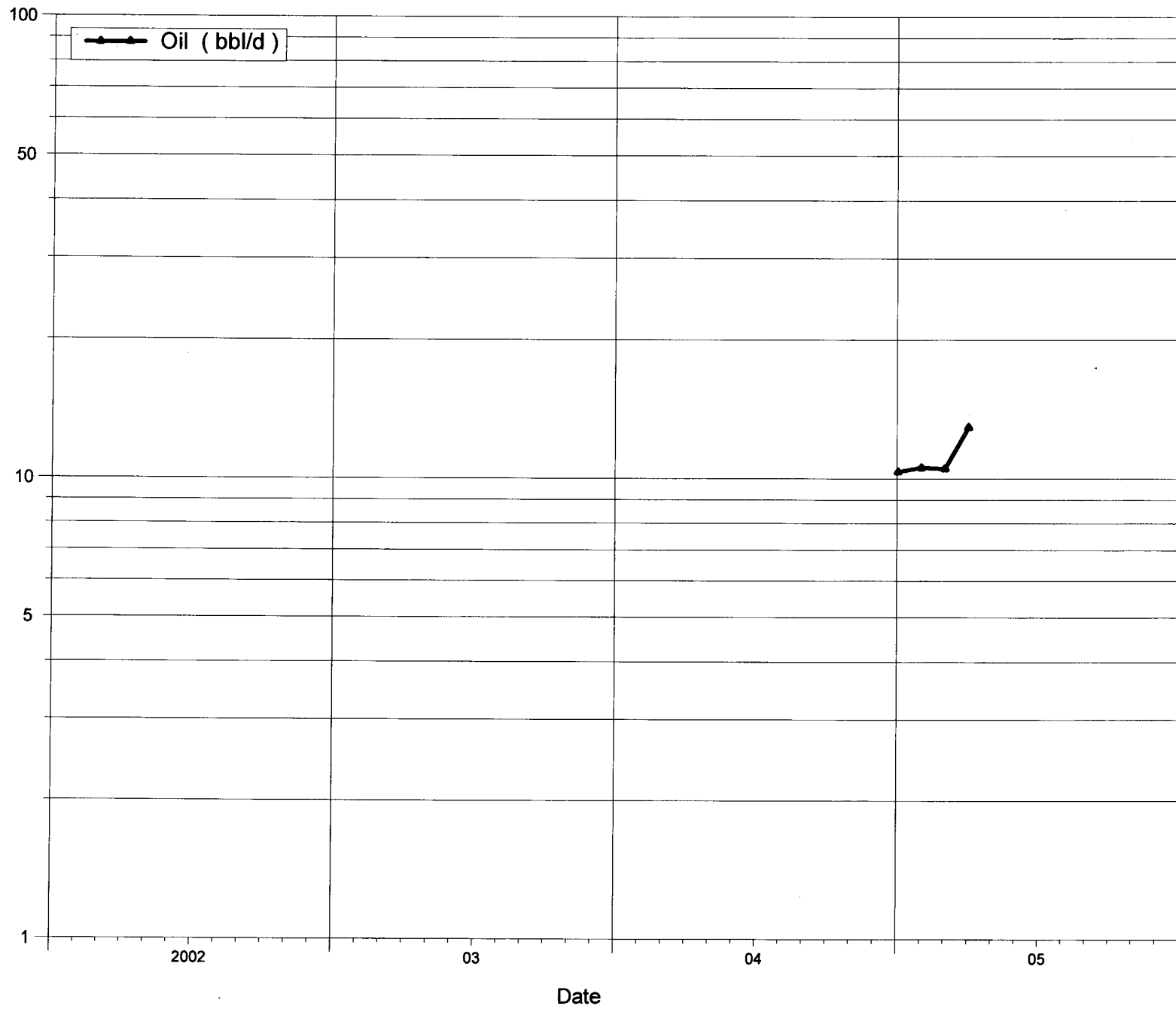
For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

NORTH HOBBS UNIT WELL NO. 24-612

PRODUCTION RESTORATION



NORTH HOBBS UNIT WELL NO. 24-612
Production Restoration

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
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	0	0
20050101	10	321
20050201	11	296
20050301	11	326
20050401	13	388