

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

1705-00041

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 30-025-07487		
UL M	Section 30	Township 18-S	Range 38-E	Feet from the 990	North/South Line South	Feet from the 990	East/West Line West	County Lea

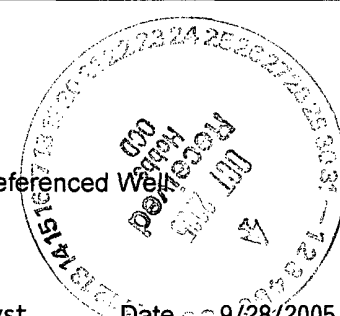
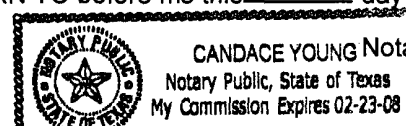
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 3/18/2005	Date Well Returned to Production: 3/29/2005
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): 3/01/2003 Month/Year (End 24 month period): 3/01/2005
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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>Sr. Tax Incentive Analyst</u> Date <u>3/28/2005</u>  E-mail Address <u>karen_ellis@oxy.com</u> SUBSCRIBED AND SWORN TO before me this <u>28th</u> day of <u>September</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:

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>10/4/05</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. 30-025-07487

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 30

8. Well No. 141

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 T&A'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 M : 990 Feet From The SOUTH 990 Feet From The WEST Line  
Section 30 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3651' 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: Return to Production, Sqz, 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.

1. RUPU. Drill out CIBP @3956'.
2. Sqz Perfs 4006-4114' w/400 sx Pre + cmt w/3% CaCl. Clean out to PBTD @4269'.
3. Perforate the following intervals; 4213-25 and 4258-65, using 2 spf, 120 deg spiral ph. (42 holes).
4. Stimulate new perfs w/1100 g 15% NEFE HCL acid.
5. RIH Reda ESP equipment on 127 jts 2-7/8" tbg w/drain valve. Intake set @4177'.
6. Install QCI wellhead connection..
7. RDPU. Clean Location.

Rig Up Date: 03/18/2005

Rig Down Date: 03/29/2005

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 ☐

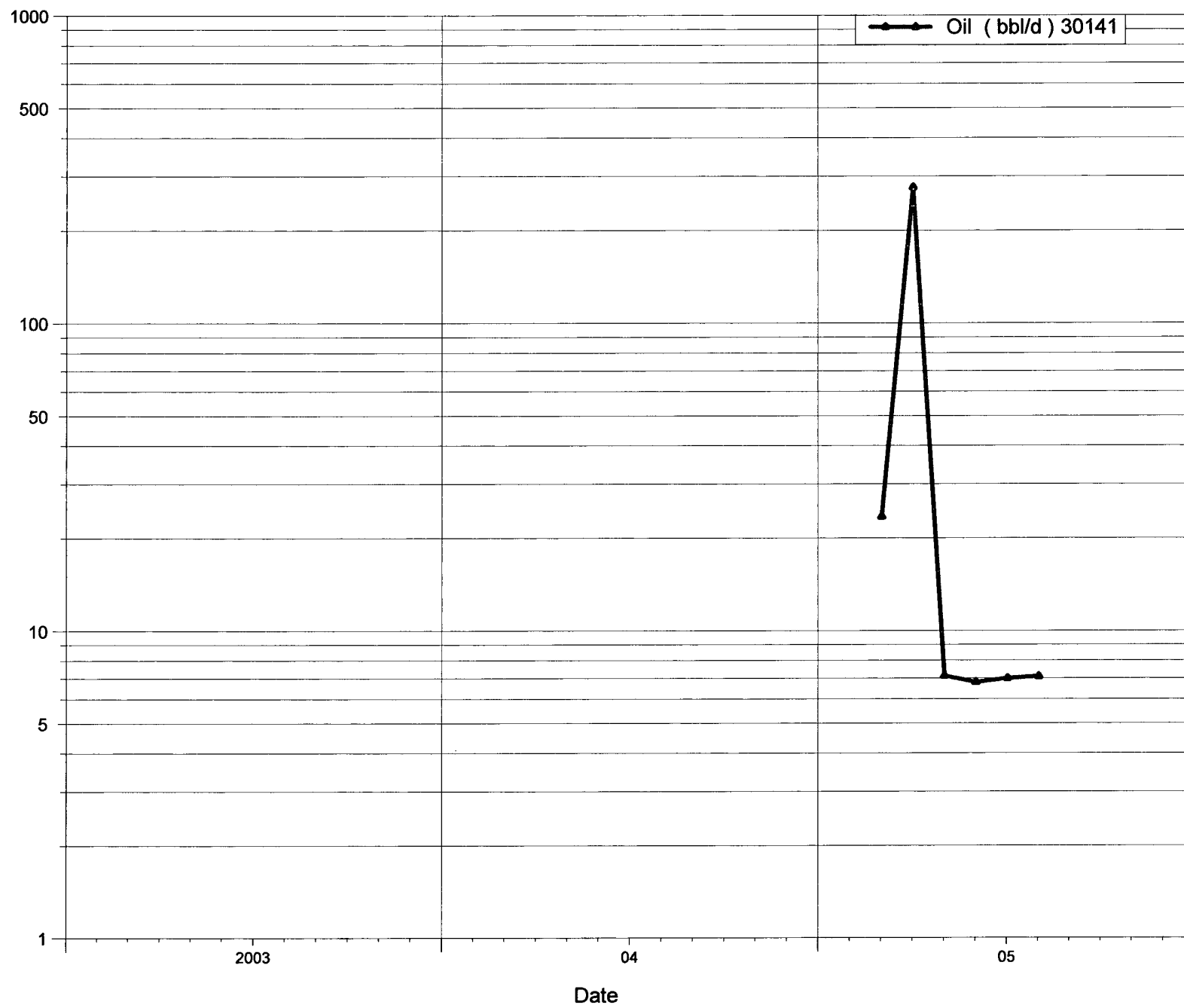
SIGNATURE \_\_\_\_\_ TITLE Workover Completion Specialist DATE 04/01/2005  
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert\_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:

2005

# NORTH HOBBS UNIT WELL NO. 30-141



**NORTH HOBBS UNIT WELL NO. 30-141**  
**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	0	0
20050101	0	0
20050201	0	0
20050301	23	728
20050401	276	8277
20050501	7	221
20050601	7	204
20050701	7	217
20050801	7	220