

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

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

405-00039

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 311		API Number 30-025-07491	
UL B	Section 31	Township 18-S	Range 38-E	Feet from the 440	North/South Line North	Feet from the 2310	East/West Line East	County Lea

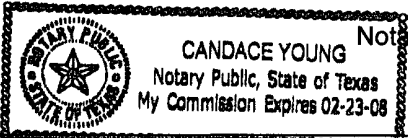
II. Workover

Date Workover Commenced: 5/3/2005	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 5/5/2005	

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>Sr. Tax Incentive Analyst</u> Date <u>9/28/2005</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:	<div> CANDACE YOUNG Notary Public, State of Texas My Commission Expires 02-23-08</div> <div><u>Candace Young</u> Notary Public</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

5/5/2005

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>10/4/05</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. 30-025-07491

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 31

8. Well No. 311

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 B : 440 Feet From The NORTH 2310 Feet From The EAST Line
Section 31 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3649' 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 and lay down rods and pump.
2. Perforate the following intervals; 4103-13 and 4128-32 using 2 spf, 180 deg sp ph. (34 holes).
3. Stimulate open hole 4194-4261 and perms 4163-89. w/2500 g 15% NEFE HCL acid.
4. Stimule perms 4103-72 w/1850 g 15% NEFE HCL acid.
5. Run Reda ESP equipment, 125 jts 2-7/8" tbg w/drain valve. Intake set @3838'.
6. Install QCI wellhead connection.
7. RDPU. Clean Location.

Rig Up Date: 05/03/2005

Rig Down Date: 05/05/2005

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 05/12/2005

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

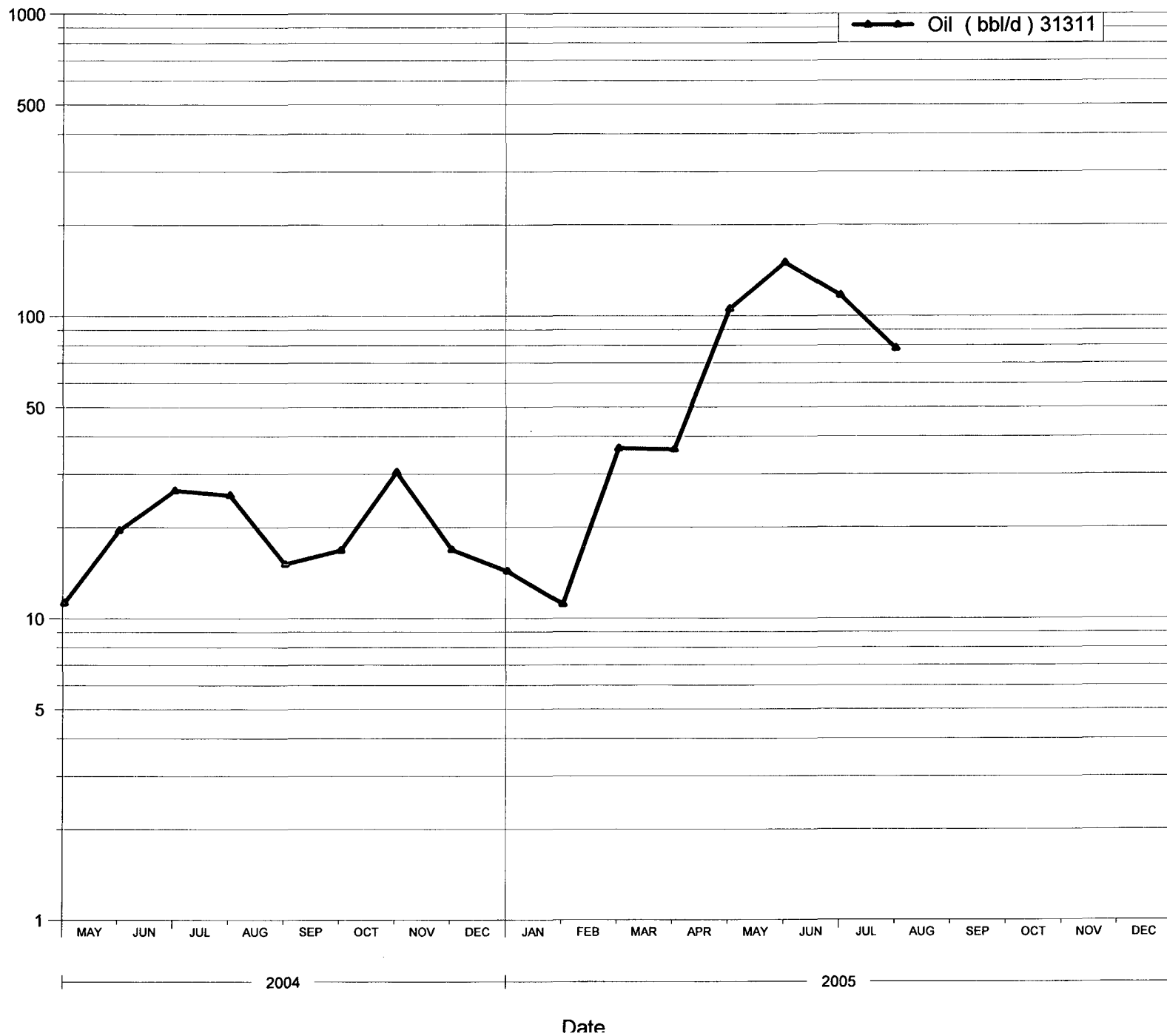
For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

WWS

NORTH HOBBS UNIT WELL NO. 31-311



NORTH HOBBS UNIT WELL NO. 31-311

Well Workover

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
20040401	13	386
20040501	11	349
20040601	20	587
20040701	26	821
20040801	26	792
20040901	15	453
20041001	17	520
20041101	31	915
20041201	17	523
20050101	14	444
20050201	11	312
20050301	36	1131
20050401	36	1086
20050501	105	3270
20050601	150	4501
20050701	117	3626
20050801	78	2421