

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

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 111		API Number 30-025-07528	
UL D	Section 32	Township 18-S	Range 38-E	Feet from the 660	North/South Line North	Feet from the 660	East/West Line West	County Lea

II. Workover

Date Workover Commenced: 5/4/2005	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 5/6/2005	

III. Attach a description of the Workover Procedures performed to increase production.

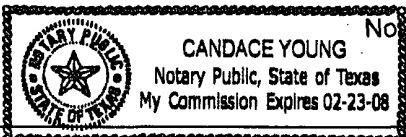
IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

V. AFFIDAVIT:

State of Texas)
County of Harris) ss.
Karen Ellis, being first duly sworn, upon oath states:

- I am the Operator or authorized representative of the Operator of the above referenced well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- 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 Karen Ellis Title Sr. Tax Incentive Analyst Date 9/28/2005
E-mail Address karen_ellis@oxy.com
SUBSCRIBED AND SWORN TO before me this 28th day of September, 2005

My Commission expires:  Candace Young Notary Public

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

5/10/05, 2005

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>10/14/05</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. 30-025-07528

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 32

8. Well No. 111

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 D : 660 Feet From The NORTH 660 Feet From The WEST Line
Section 31 32 Township 18-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3646' 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 production equipment.
2. Perforate the following intervals; 4096-4100, 4103-06, 4134-40, 4156-62, 4169-73, 4179-82, and 4223-32, using 2 spf, 120 deg ph. (84 holes).
3. Stimule perfs 4096-4232 w/2100 g 15% NEFE HCL acid.
4. Run Reda ESP equipment, 129 jts 2-3/8" tbg w/drain valve. Intake set @4068'.
5. Install QCI wellhead connection.
6. RDPU. Clean Location.

Rig Up Date: 05/04/2005

Rig Down Date: 05/06/2005

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

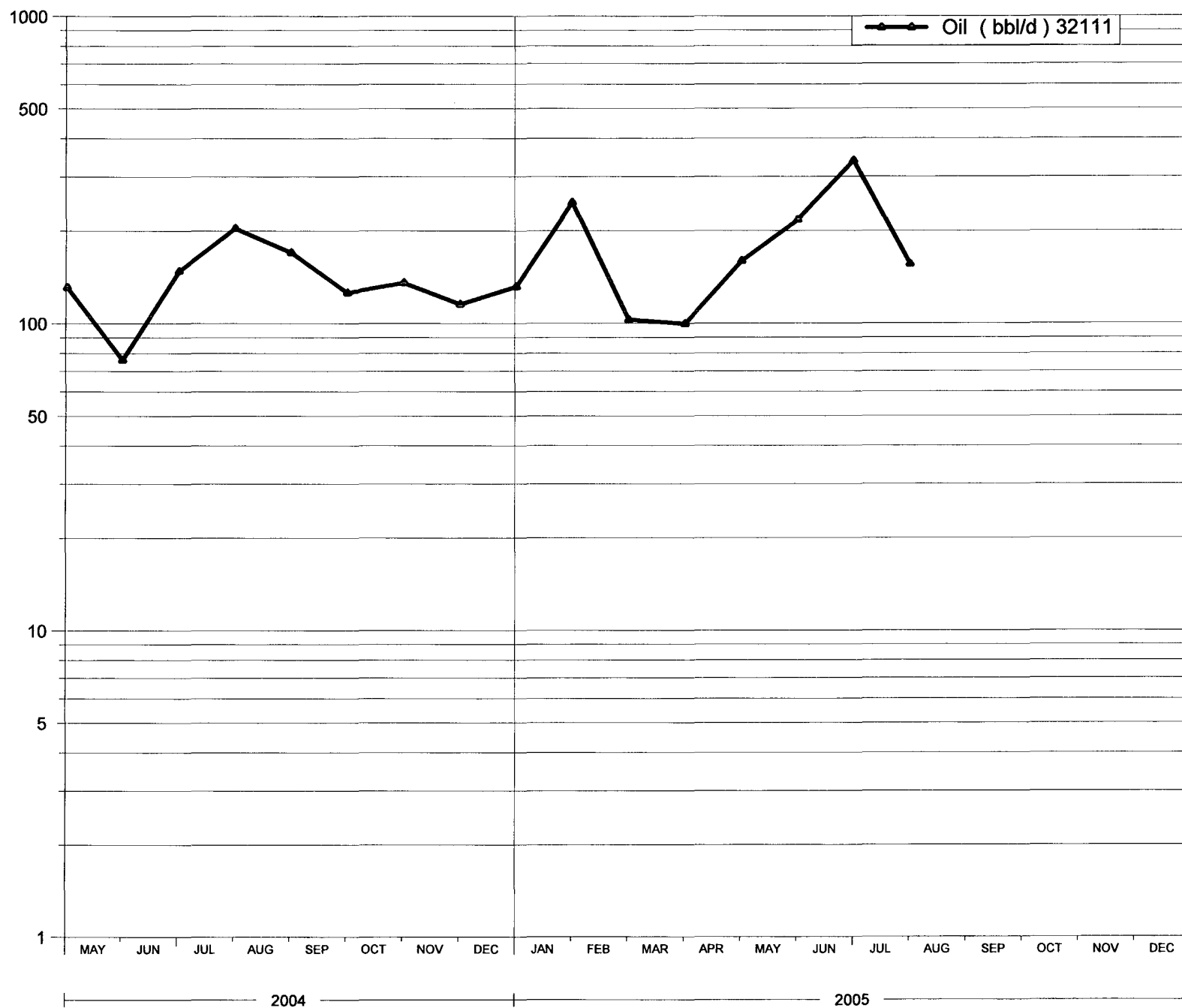
For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

WWD

NORTH HOBBS UNIT WELL NO. 32-111



Date

NORTH HOBBS UNIT WELL NO. 32-111

Well Workover

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl
20040101	232	7183
20040201	190	5500
20040301	158	4909
20040401	128	3840
20040501	131	4058
20040601	76	2283
20040701	148	4589
20040801	204	6320
20040901	170	5098
20041001	126	3901
20041101	136	4067
20041201	115	3578
20050101	132	4082
20050201	247	6916
20050301	103	3182
20050401	100	2989
20050501	160	4948
20050601	217	6508
20050701	338	10475
20050801	156	4828