

District I (505) 393-6161
625 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

14-05-00044

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 613				Well Number 613		API Number 30-025-35370		
UL L	Section 24	Township 18-S	Range 37-E	Feet from the 1605	North/South Line South	Feet from the 548	East/West Line West	County Lea

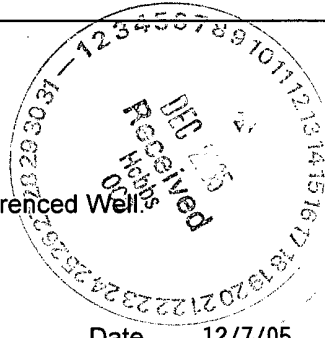
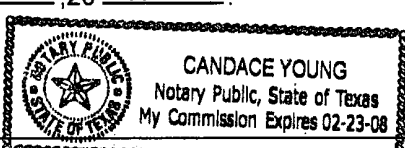
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 1/18/2005	Date Well Returned to Production: 1/26/2005
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): 1/01/2003 Month/Year (End 24 month period): 1/01/2005
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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>12/7/05</u>	
E-mail Address <u>karen_ellis@oxy.com</u>	
SUBSCRIBED AND SWORN TO before me this <u>7th</u> day of <u>December</u> , 20 <u>05</u>	
<u>Candace Young</u> My Commission expires:	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:

1/26/05

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>12/13/05</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. 30-025-35370

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. 613

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 L : 1605 Feet From The SOUTH 548 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.)
3674' 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 @3975'.
3. Sqz Perfs 4014-4215'. Clean out to PBD @4295'.
4. Stimulate perfs 4272-92 and 4238-62 w/1890 g 15% NEFE HCL acid.
5. RIH Reda ESP equipment on 130 jts 2-7/8" tbg w/drain valve. Intake set @4185'.
6. Install QCI wellhead connection..
7. RDP. Clean Location.

Rig Up Date: 01/18/2005

Rig Down Date: 01/26/2005

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 01/27/2005

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

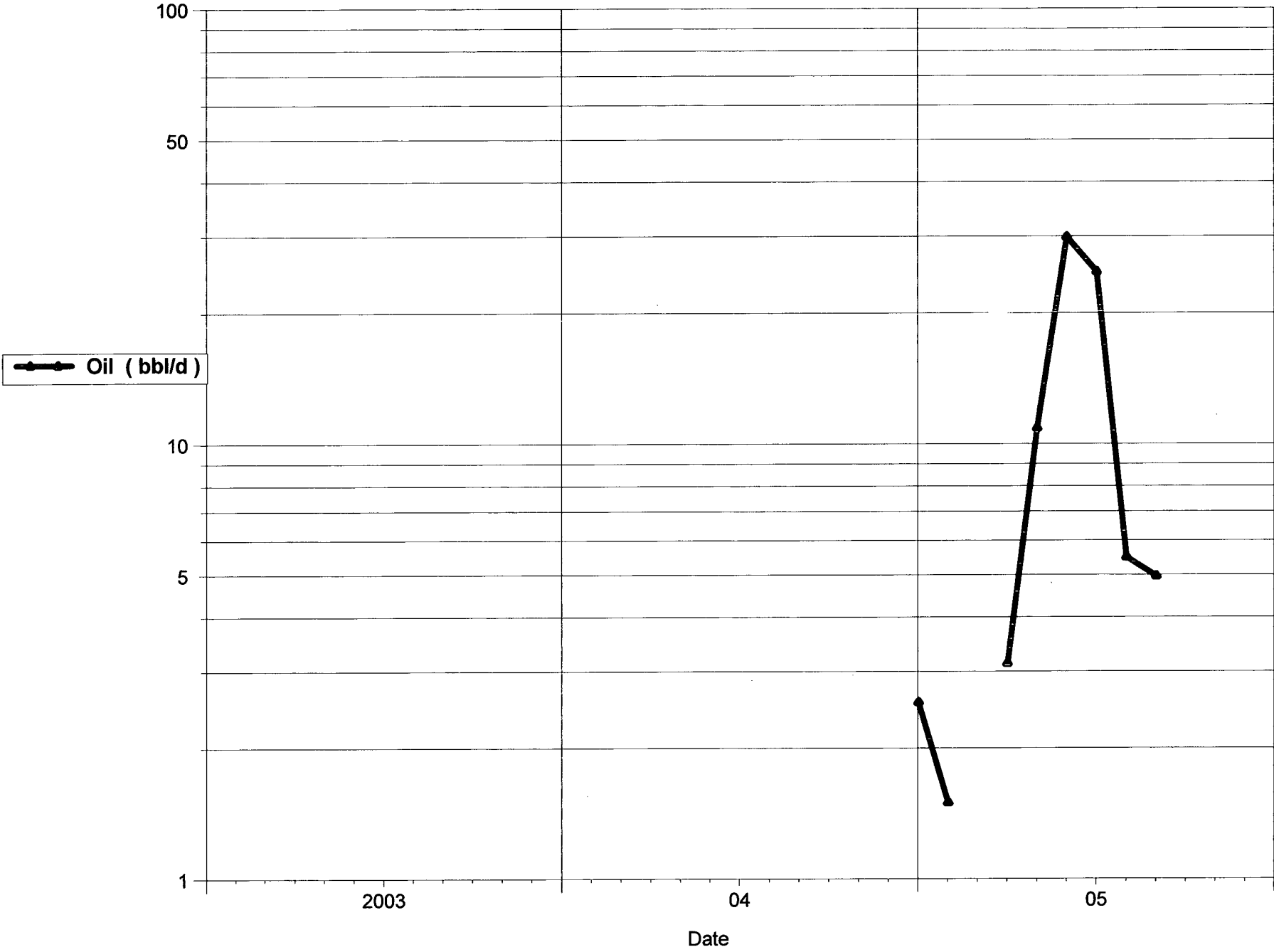
For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

RGP

NORTH HOBBS UNIT WELL NO. 24-613



NORTH HOBBS UNIT WELL NO. 24-613
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	3	79
20050201	2	42
20050301	0	0
20050401	3	94
20050501	11	337
20050601	30	895
20050701	25	770
20050801	5	170
20050901	5	149