

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 212	API Number 30-025-30258	
UL C	Section 32	Township 18-S	Range 38-E	Feet from the 639	North/South Line North	Feet from the 1885	East/West Line West	County Lea

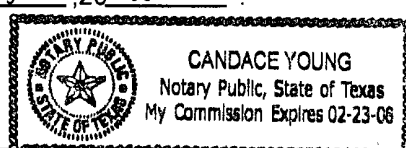
II. Workover

Date Workover Commenced: 6/24/2005	Previous Producing Pools(s) (Prior to Workover) Hobbs (G/SA)
Date Workover Completed: 6/28/2005	

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>
E-mail Address <u>karen.ellis@oxy.com</u>		Date <u>2/9/2006</u>
SUBSCRIBED AND SWORN TO before me this <u>9th</u> day of <u>February</u> , 20 <u>06</u>		
My Commission expires:		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

6/28/2005

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>2/14/06</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

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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.	
30-025-30258	
5. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
NORTH HOBBS (G/SA) UNIT Section 32	
8. Well No. 212	
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
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 <u>C</u> : <u>639</u> Feet From The <u>NORTH</u> <u>1885</u> Feet From The <u>WEST</u> Line	
Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.)	
3646' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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 ESPproduction equipment.
2. Perforate the following intervals; 4198-4205, 4209-16, 4219-26, and 4229-38 using 2 spf, 180 deg sp ph. (68 holes).
3. Stimule perfs 4084-4238 w/2500 g 15% PAD acid using 80 bs as divert.
4. Run Reda ESP equipment, 133 jts 2-7/8" tbg w/drain valve. Intake set @4085'.
5. Install QCI wellhead connection.
6. RDPU. Clean Location.

Rig Up Date: 06/24/2005
Rig Down Date: 06/28/2005

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 <u>Workover Completion Specialist</u>	DATE <u>07/04/2005</u>
TYPE OR PRINT NAME <u>Robert Gilbert</u>	E-mail address: <u>robert_gilbert@oxy.com</u>	TELEPHONE NO. <u>505/397-8206</u>

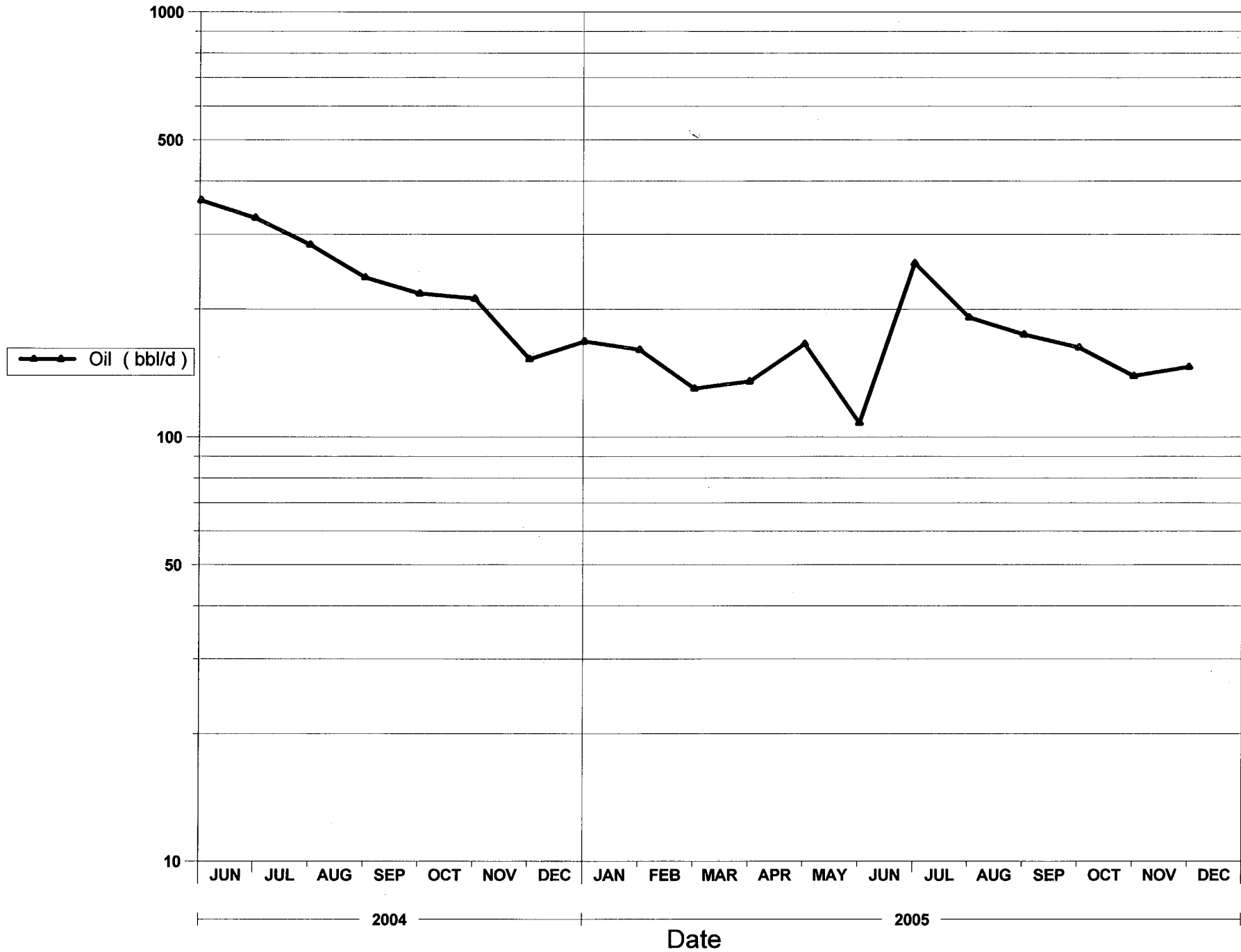
For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

lww

North Hobbs Unit 32-212



NORTH HOBBS UNIT WELL NO. 32212

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl	Average
20040601	360	10796	
20040701	328	10155	
20040801	283	8784	
20040901	237	7122	
20041001	218	6743	
20041101	212	6349	
20041201	153	4728	
20050101	168	5204	
20050201	160	4491	
20050301	130	4032	
20050401	135	4053	
20050501	166	5136	4607.33
20050601	108	3238	
20050701	256	7947	
20050801	191	5923	
20050901	174	5233	
20051001	162	5037	
20051101	139	4175	
20051201	146	4534	5474.83