

**SUBMIT ORIGINAL
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TO APPROPRIATE
DISTRICT OFFICE**

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505
(505) 476-3440 /

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 M/C 19.015							Phone 713-366-5161	
Property Name NORTH HOBBS (G/SA) UNIT					Well Number 321		API Number 30-025-07492	
UL	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County
G	31	18S	38E	2200	NORTH	2310	EAST	LEA

II. Workover

Date Workover Commenced: 3/12/03	Previous Producing Pool(s) (Prior to Workover): HOBBS (G/SA)
Date Workover Completed: 3/20/03	

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)
) ss.
County of HARRIS)
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.

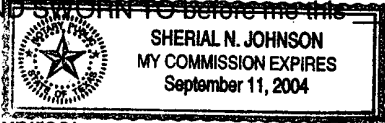
Signature Karen Ellis Title TAX INCENTIVE ANALYST Date 2/4/04

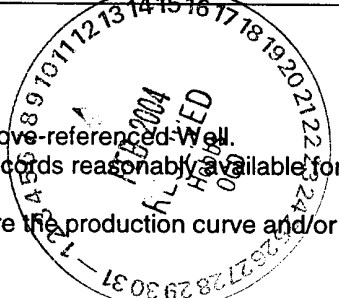
E-mail Address karen_ellis@oxy.com

SUBSCRIBED AND SWORN TO before me this 4th day of February, 2004.

My Commission expires: _____

Notary Public Sherief N. Johnson






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

3/20, 2003

Signature District Supervisor 	OCD District 1	Date 2/16/24
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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 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-07492
5. Indicate Type of Lease	FED <input type="checkbox"/> 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
8. Well No.	321
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3644' GL

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR
2. Name of Operator	OXY PERMIAN LTD
3. Address of Operator	1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200
4. Well Location	Unit Letter G : 2200 Feet From The NORTH Line and 2310 Feet From The EAST Line Section 31 Township 18S Range 38E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3644' GL

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: SQZ perms in San Andres Zone 2-C <input checked="" type="checkbox"/>

12. 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.

1. RUPU. Pull beam production equipment.
2. Test CIBP to 4135'.
3. Set RBP @110'. Dig out and replace wellhead.
4. Stimulate perms w/1260 g 15% HCL Acid.
5. RIH w/137 jts 2-7/8" tbg. TAC 6 jts above SN. SN = 4275'.

Rig Up Date: 03/12/2003
Rig Down Date: 03/20/2003

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

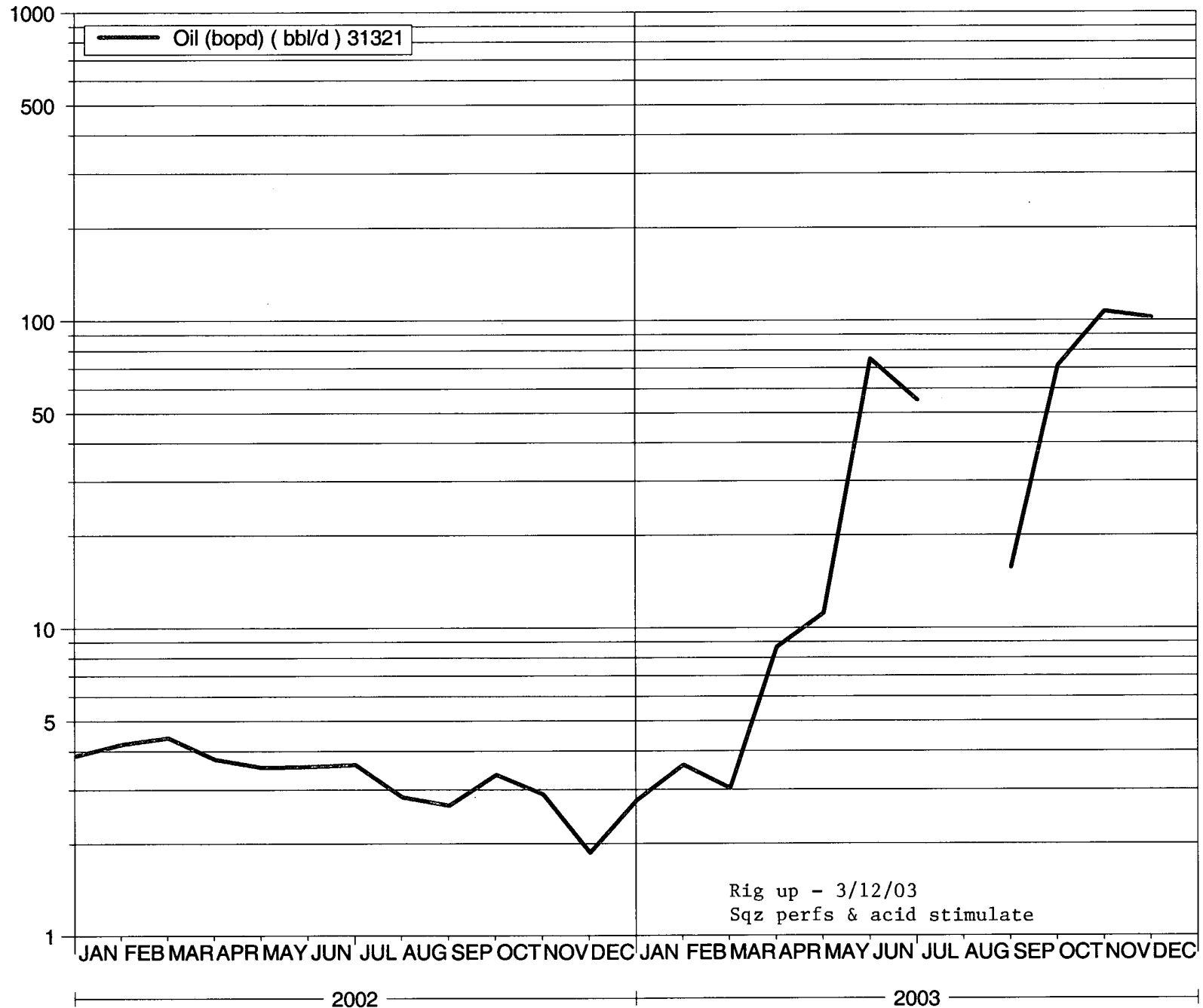
SIGNATURE	TITLE	DATE
ROBERT GILBERT	SR. ENGR TECH	03/22/2003
TYPE OR PRINT NAME	TELEPHONE NO.	
	505/397-8200	

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL IF ANY:

NORTH HOBBS UNIT WELL NO. 31-321



NORTH HOBBS UNIT WELL NO. 31-321

DATE	Oil Rate (Cal. Day)	Monthly Oil bbl	Avg
20020101	4	120	
20020201	4	118	
20020301	4	137	
20020401	4	113	
20020501	4	110	
20020601	4	107	
20020701	4	112	
20020801	3	88	
20020901	3	80	
20021001	3	104	
20021101	3	87	
20021201	2	58	
20030101	3	86	
20030201	4	101	3
20030301	3	94	
20030401	9	260	
20030501	11	346	
20030601	75	2253	
20030701	55	1707	
20030801	0	9	Shut-in in August due to high CO2 content
20030901	16	471	
20031001	71	2211	
20031101	107	3211	
20031201	102	3168	45