Exceeds in New Wellow Form C-139 Description Energy Minerals and Natural Resources Department Revised 66/99 Revised 66/99 Oil Conservation Division Revised 66/99 Revised 66/99 Oil Conservation Division SUBMIT ORIGINAL Revised 66/99 Signature (1993) 34-6/18 SUBMIT ORIGINAL Popertor and Well: Depertor and Well: Phone Soft Biologinal Pool Add Perduction Restoration: Phone Colored (1994) Soft Biologinal Pool and Production Restoration: Production: Pool and Production Restoration: Pool and Production Restoration: Production Restoration stanted: Date Well Returned to Production: Division records which show the Well had thirty (30) days or less production for the twenty-four Ocol Form C-115 (Operator's Monthly Report) Date Production is complex and other dates: Diol 1/1/9 Medid Biorecord Show		_	· 4				
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Interference 1220 South St. Francis Dr. Santa Fe, New Mexico 87505 PLUS 2 COPIES To Proprint Provide 100 For 2000 For 3000	301 W. Grand Avenue	Oil Con	servation D	ivision		SUBMIT ORIGINAL	
Note Banks Med 12.20 Journ 0: 11000000000000000000000000000000000							
State 7:00 Santa Fe, New Mexico 87505 DISTRICT OFFICE State 7:00 (305) 476-3440 How 5668 Operator and Well: Operator and Well: Operator and Well: Depertor and addess 000000000000000000000000000000000000	000 Rio Brazos Road						
	ztec, NM 87410	Santa Fe,	New Mexic	o 87505			
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Industrial is the state of					15798	15798/	
Karen Ellis 281-552-1161 Toperty Name Well Number 281-552-1161 South Hobbs (Grayburg San Andres) Unit 211 30-025-29750 JL Section Township Range Feet From The North/South Line Feet From The EastWest Line County County 281-552-1161 Pool and Production Restoration: Production Restoration: Production Restoration: Production Restoration: Previous Producing Pool(s) (if change in Pools): Date Well Returned to Production. 10/16/2001 Maintee Production Restoration records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production: 10/16/2001 Meeting end and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production: 10/1/99 County of Farris Ss. 10/1/99 Meetining of 24 month period: OCD Form C-115 (Operator's Monthly Report) Month-Year (Beginning of 24 month period): 10/1/91 Midavit: Ss. Ss. Sc. State of Texas } Ss. Ss. County of Harris Ss. Ss. Ss. County of Harris Ss. Ss. State of Texas Ss. Natare		-4294					
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South Hobbs (Grayburg San Andres) Unit 211 30-025-29750 ¹ / ₂ Section Township ¹ / ₂ Social Township ¹ /		·					
IL Section Township Range Feet From The NorthSouth.lne Feet From The 1420 EastWest Line County Lea Produad Production Restoration: North North If 190 State County Lea Previous Producing Pool(s) (if change in Pools): Date Date Well Returned to Production: J/J/16/2001 Date Production Restoration: 10/16/2001 10/16/2001 Image: State Stat							
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Describe the process used to return the well to production (Attach additional information if necessary): 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: Month/Year (Beginning of 24 month period): 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: Month/Year (Beginning of 24 month period): Identify the period and Division period: Well file record showing that well was plugged O ONGARD production data Month/Year (Beginning of 24 month period): Identify the period and Division period: 0 ONGARD production data Month/Year (End of 24 month period): Identify the period and Division period: 0 ONGARD production data Month/Year (End of 24 month period): Identify the period: 0 CD Form C-115 (Operator's Monthly Report) Identify the period: 10/1/9 Month/Year (End of 24 month period): 10/1/01 State of Texas 10/1/01 State of Texas) >ss. County of the above-referenced Well. 10/1/01 1 I have personal knowledge of the facts contained in this Application. To the best of my knowledge, this application is complete and correct. Date 10/30/01	Date Production Restoration started:				duction:		
Pe attached C-103 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: Routh Consecutive months prior to restoring production: Well file record showing Wall produced less than 30 days during 24 month period: OCD Form C-115 (Operator's Monthly Report) Mathematical State of Texas			10/16/2	.001			
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consecutive months prior to restoring production: Image: Consecutive months prior to restoring production months tates: Image: Consecutive months prior to restoring production is complete and correct. Image: Consecutive months prior to restoring production is complete and correct. Signature for the prior to restoring provided and the above-referenced well is designated a Production Restoration Project. By copy hered, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies the production was restored on: Image: Const							
Affidavit: 10/1/01 State ofTexas	Well file record showing t	nat well was plugged 🛛 🗍 🤇		duction data	10/1/9	99	
Affidavit: State ofTexas) County of Harris) Staren EIIIs, 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 Title		tor a monthly report		1. A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
State of	Affidavit:	· · · · · · · · · · · · · · · · · · ·	······				
Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on:	1. I am the Ope 2. I have person 3. To the best of Signature CUM Click SUBSCRIBED AND SWORN My Commission DR OIL CONSERVATION DIV CERTIFICATION OF A This Application is hereby	rator, or authorized represer nal knowledge of the facts co f my knowledge, this applica To before me this <u>30^M</u> SHERIAL N. JOHNSON IY COMMISSION EXPIRES September 11, 2004 (ISION USE ONLY: PPROVAL: approved and the above-refere	ntative of the optimized in this optimized in this tion is completed Tax Incendary of <u>OCK</u> Motary Public enced well is de	Operator, of s Application ete and correct tive Anal <u>BER</u> , 20 J.A. J	n. ect. <u>yst</u> 20 (roduction Res	Date 10/30/01	
DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:	Division notifies the Secre	tary of the Taxation and Reven	ue Departmen	t of this Appro	val and certifi	es that production was restored on:	
DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:		······································					
DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:	Signature District Supervisor		District		Date ,		
DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:	1 Inta	Canto	/		11/.	27/01	
DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:	6 6 10	- mag		l.		21222324	
	DATE OF NOTIFICATION	TO THE SECRETARY OF TH	E TAXATION A	AND REVENU	JE DEPARTMI	ENT: ASIA SARA	

State of New Mexico						
Energy, Minerals and N	Jatural Resources Department Form C-103					
FILE IN TRIPLICATE OIL CONSERV	Revised 1-1-89					
DISTRICT I 2040 I	Pacheco St. WELL API NO. , NM 87505 30-025-29750					
DISTRICT II	5. Indicate Type of Lease					
811 S. 1st Street, Artesia, NM 88210	FED STATE X FEE					
DISTRICT III	6. State Oil & Gas Lease No.					
1000 Rio Brazos Rd, Aztec, NM 87410						
SUNDRY NOTICES AND REPORTS ON WE	ELLS					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PR	SRMIT"					
(FORM C-101 FOR SUCH PROPOSALS.) 1. Type of Well:	SOUTH HOBBS (G/SA) UNIT					
Oil Well Gas Well Other T	'A'd Well					
2. Name of Operator	8. Well No. 211					
Occidental Permian, Ltd. 3. Address of Operator						
•	9. Pool name or Wildcat HOBBS (G/SA) 97-8200					
4. Well Location	77-0200					
Unit Letter F : 1790 Feet From The NORTH	Line and 1420 Feet From The WEST Line					
Section 5 Township 19S	Range 38E NMPM LEA County					
10. Elevation (Show whether DF, R 3615 GL						
and the second						
11. Check Appropriate Box to Indicate Na NOTICE OF INTENTION TO:						
	SUBSEQUENT REPORT OF:					
	REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG & ABANDONMENT					
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB					
OTHER:	OTHER: Return to Production - Open Additional Pay					
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.	a give periment dates, metadong estimated date of starting any proposed work)					
 RUPU. Run bit ans scraper to top of CIBP @4115'. Perforate Grayburg zone from 3952' to 3965' using 2 JSPF and 180 Stimulate perforations w/1500 g 15% HCL Acid.) degree phasing.					
 3. Stimulate perforations w/1500 g 15% HCL Acid. 4. Rig up Halliburton and frac well w/464 BTF. Ramp 20/40 sand from 1 to 5 PPG. 5. Run 5.5" Guiberson UNI VI pkr and set @3898'. XL On/Off Tool w/1.78 "F" profile. 6. 124 its 2-3/8" the Bottom of the @3894'. 						
5. Run 5.5" Guiberson UNI VI pkr and set @3898'. XL On/Off Tool v	w/1.78 "F" profile					
6. 124 jts 2-3/8" tbg. Bottom of tbg @3894'.						
7. RDPU. Clean location.	2 3 4 5 6 2 10 20 3 4 5 6 2 200 5 4 6 0 200 5 4 6 0					
Rig Up Date: 10/04/2001						
Rig Down Date: 10/16/2001	12 10 10 10 10 10 10 10 10 10 10 10 10 10					
	02021282030					
I hereby certify that the information above is true and complete to the best of my know	ledge and belief.					
SIGNATURE	TITLE SR. ENGR TECH DATE 10/23/2001					

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		DATE 10/25/2001
TYPE OR PRINT NAME ROBERT GILBERT		TELEPHONE NO. 505/397-8206
(This space for State Use)		021222324
APPROVED BY	TITLE	21222324 2324 2324 2324 2324 2324 2324 2
CONDITIONS OF APPROVAL IF ANY:		
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