

District I - (505) 393-6161
162 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 Road
Aztec, NM 87410
District IV - (505) 476-3440
1220 S. St. Francis Dr.
Santa Fe, NM 87505

New Mexico
Energy Minerals and Natural Resources Department

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

Form C-139
Revised 06/99

**SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE**

14-0668

APPLICATION FOR PRODUCTION RESTORATION PROJECT

I. Operator and Well:

Operator name & address Occidental Permian Limited Partnership P O Box 4294 Houston, Texas 77210-4294						OGRID Number 157984		
Contact Party Karen Ellis						Phone 281-552-1161		
Property Name South Hobbs (Grayburg San Andres) Unit					Well Number 211	API Number 30-025-29750		
UL F	Section 5	Township 19S	Range 38E	Feet From The 1790	North/South Line North	Feet From The 1420	East/West Line West	County Lea


II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 10/4/2001	Date Well Returned to Production: 10/16/2001
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): 10/1/99
		Month/Year (End of 24 month period): 10/1/01

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>Tax Incentive Analyst</u> Date <u>10/30/01</u>
SUBSCRIBED AND SWORN TO before me this <u>30th</u> day of <u>OCTOBER, 2001</u> .	
My Commission	 <u>Sherial N. Johnson</u> Notary Public

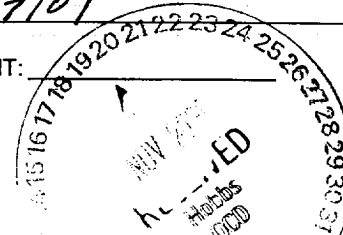
FOR OIL CONSERVATION DIVISION USE ONLY:

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:

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>11/27/01</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:



mfp

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.
30-025-29750

5. Indicate Type of Lease

FED ☐

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

SOUTH HOBBS (G/SA) UNIT

1. Type of Well:

Oil Well ☐

Gas Well ☐

Other TA'd Well

2. Name of Operator

Occidental Permian, Ltd.

8. Well No. 211

3. Address of Operator

1017 W. Stanolind Rd., HOBBS, NM 88240

505/397-8200

9. Pool name or Wildcat

HOBBS (G/SA)

4. Well Location

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, RKB, RT GR, etc.)
3615 GL

11. 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

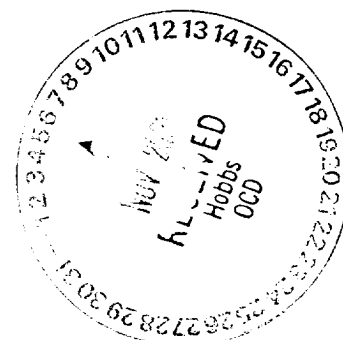
OTHER: Return to Production - Open Additional Pay ☒

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.

1. RUPU. Run bit ans scraper to top of CIBP @4115'.
2. Perforate Grayburg zone from 3952' to 3965' using 2 JSPF and 180 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 jts 2-3/8" tbg. Bottom of tbg @3894'.
7. RDPU. Clean location.

Rig Up Date: 10/04/2001

Rig Down Date: 10/16/2001



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

SIGNATURE

TITLE SR. ENGR TECH

DATE 10/23/2001

TYPE OR PRINT NAME ROBERT GILBERT

TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

