Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPRO Budget Bureau No 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No

NMNM036252 SUNDRY NOTICES AND REPORTS ON WELLS 6. Ìf Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT - -" for such proposals SUBMIT IN TRIPLICATE 7. If Unit or CA, Agreement Designation 1. Type of Well Oil Gas \_|Well Well Other 8. Well Name and No. 2. Name of Operator Delo No. 12 Redwolf Production, Inc. 9. API Well No 3. Address and Telephone No. 30-045-22634 P. O. Box 5382, Farmington, NM 87499 (505) 326:4125 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Bisti Gallup 11 County or Parish, State 2222' FSL & 1562' FWL Section 26, T25N, R11W San Juan County, New Mexico 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-off Final Abandonment Notice Altering Casing Conversion to Injection Other Return to Production. Dispose Water (Note: Report results of multiple completions o Well Completion or Recompletion Report and Lo 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\* The subject well was returned to production on April 30, 2002. 14. I hereby certify that the foregoing is true and correct Delreutha Signed Title Vice-President 5/2/2002 Date (This space for Federal or State office) **ACCEPTED FOR RECORD** Approved by Title Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United fictitious or fraudulent statements or representations as to any matter within its jurisdiction

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 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

Form C-139 Revised 06/99

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, New Mexico 87505 (505) 476-3440 SUBMIT ORIGINAL PLUS 2 COPIES TO APPROPRIATE DISTRICT OFFICE

## APPLICATION FOR PRODUCTION RESTORATION PROJECT

	OA HOIL O	( ) ( )	"						
Operator and Well:						OGRID Number			
Operator name & address									
REDWOLF PRODUC	HON' INC.					018973			
P.O. Box 5382	. 9-1100	2							
FARMINGTON, NM 87499						Phone			
Contact Party  DANA  DELVENTHA	<b>L</b> l					326-4125			
				Well Nu	mbe,	API Number			
Property Name						30-045-22634			
UL Section Townshi Range	Feet From The				East∧	Vest Line	County		
			154	- 1	l ,		SAN JOAN		
K 26 P25N 11W	2222	SOUTH	130		~	WEST SAN JOAN			
. Pool and Production Rest	oration:								
Previous Producing Pool(s) (If change									
					Destina	lian:			
Date Production Restoration started:		[	Date Well Re	turned to 4/30	Produc	ion:			
3/5/02									
Describe the process used to return the	e well to production	(Attach additional in	ntormation it	necessa	(y).				
CLEAN OUT, REPER	forate,	place on	OEAN	C C F	· ·		reduction for the twenty-four		
II. Identify the period and Div	vision records w	hich show the V	Well had th	nirty (30	i) days	or less p	production for the twenty-four		
consecutive months prior	to restoring pro	duction:					ear (Beginning of 24 month period):		
Records Showing Well produced less t	han 30 days during	24 month period:	4 D D	tinn c	data	4 / 00			
☐ Well file record showing that	at well was plug	ged X ONG	ARD prod	uction c	late.	Month/Y	ear (End of 24 month period):		
OCD Form C-115 (Operato	r's Monthly Rep	ort)				3/02			
						<u> </u>	0,00		
V. Affidavit:									
State of NEW MED	(ICD)								
	) ss.								
County of SAN JU	34~ )								
NAME AND ADDRESS OF THE PARTY O	haina first dub	y sworn, upon o	ath states	:		1	-farenced Moll		
1 Lam the Opera	ator, or authorize	ed representativ	e or the C	perator	, of the	e above-r	referenced Well.		
2 I have nersona	al knowledge of	the facts contain	ned in this	Applica	ation.				
3. To the best of	my knowledge,	this application	is comple	te and o	correct				
ì	a. that	Title VIC					Date		
Signature Wang Walls SUBSCRIBED AND SWORN		vie CO # day	of Alice	c 7-	200	7 .			
SUBSCRIBED AND SWORM	I O pelote me ti	iis day	or man	,3	سكيدة مد ويعر				
			_		,				
		Nota	ny Public				. /		
My Commission expires: August 10, 2005  Notary Public  Frankie E. Mantaya									
My Commission expires: August 10, 2005 Frankie G. Jantaya									
	ISLAN LISE ON	V.	<u></u>						
FOR OIL CONSERVATION DIV	ISION USE ON	LY:							
V. CERTIFICATION OF APPROVAL:									
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									
the Division notifies the Secretary of the Taxation and Revende Department of this Appleta.									
on: 4-30-2002									
Signature District Supervisor		OCD	District	1	D	ate			
Gigilatura district Gupervisor		1-	7+1-	TI	_	0-	23-2002		
Marlie There	uis	MZ	TEC	سسد		0 4	20-2002		

Year: 2000

Pool Name: BISTI LOWER-GALLUP (O)

Month	Oil(BBLS) G	as(MCF)	Water(BB	Days Prod	Accum. Oi	Accum. Gas(MCF)
January	0	0	0	0	1303	1115663
February	0	0	0	()	1303	1115663
March	0	0	0	0	1303	1115663
April	0	0	0	0	1303	1115663
May	0	0	0	0	1303	1115663
June	0	0	0	0	1303	1115663
July	0	0	0	0	1303	1115663
August	0	0	0	0	1303	1115663
September	0	0	0	0	1303	1115663
October	0	0	0	0	1303	1115663
November	0	0	0	0	1303	1115663
December	0	0	0	0	1303	1115663
Total	0	0	0	0		

Year: 2001

Pool Name: BISTI LOWER-GALLUP (O)

Month	Oil(BBLS)	Gas(MCF)	Water(BB	Days Prod	Accum. Oi	Accum. Gas(MCF)
January	0	0	0	0	1303	1115663
February	0	0	0	0	1303	1115663
March	0	0	0	0	1303	1115663
April	0	0	0	0	1303	1115663
May	0	0	0	0	1303	1115663
June	0	0	0	0	1303	1115663
July	0	0	0	0	1303	1115663
August	0	0	0	0	1303	1115663
September	0	0	0	0	1303	1115663
October	0	0	0	0	1303	1115663
November	0	0	0	0	1303	1115663
December	0	0	0	0	1303	1115663
Total	0	0	0	0		

Year: 2002

Pool Name: BISTI LOWER-GALLUP (O)

Month	Oil(BBLS) Gas	(MCF)	Water(BB	Days Prod	Accum. Oi	Accum. Gas(MCF)
January	0	0	0	0	1303	1115663
February	0	0	0	0	1303	1115663
March	0	0	0	0	1303	1115663
April	1	4	0	1	1304	1115667
Total	1	4	0	1		