District I

1625 N. French Dr., Hobbs, NM 88240 Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210 Phone:(505) 748-1283 Fax:(505) 748-9720

<u>DBURLIII</u> 1000 Die Deere Dit - 0 dee '

1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462 State of New Mexico
Energy, Minerals and Natural Resources

Form C-139 Permit 81177 Revised June 10, 2003

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505 (505) 476-3440

APPLICATION FOR PRODUCTION RESTORATION PROJECT

I. Operat	or and Well:							2	
Operator name & address							OGRID Number		
KC RESOURCES INC							122912		
P.O. BOX									
	SS VILLAGI	ECO 81612							
Contact Party Ryan Olson							Phone 620-388-5800		
Property Name PAUL TERRY ET AL GAS COM					Well Number 002		API Number 30-015-10860		
UL - Lot	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County	
Н	15	18S	26E	1650	И	990	E	Eddy	
Previous Produ		Restoration: f change in Pools):						
ATOKA;PE	NN								
Date Production Restoration started: 7/10/2008					Date Well Returned to Production: 7/10/2008				
				ttach additional in ke, did well pro	formation if necessa eduction test	y):			
	y the period and	l Division record	s which show	the Well had thirt	ty (30) days or less	production for the	twenty-four consecuti	ive months prior to	
							ar (Beginning of 24 month period):		
OCD Form C-115 (Operator's Monthly Report)					Month/Yea 7/10/2008		ar (End of 24 month period):		
IV. Signat	ure:							3	
I hereby certify	that the inform	ation above is tr	ie and comple	te to the best of m	y knowledge and be	lief.			
Signature Electronically Signed Title Operator Administrator Date 8/29/2008									
Type or print nameRoy J Moore Jr E-mail address moore6312@sbcglobal.net Telephone No. 817-348-8197									
V. CERT This A the Se Date P	'IFICATION O Application is h cretary of the Ta Troduction Rest		nd the above- rule Departme on C-115: U	nt of this Approva	lesignated a Product I and certifies that p			f, the Division notifies	
Signature I	District Sup	ervisor: Tir	n Gum		District :	2 I	Date 9/2/2008		
		·					000000		