

District I - (505) 393-6161  
 1625 N. French Dr  
 Hobbs, NM 88240  
 District II - (505) 748-1283  
 811 S. First  
 Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Road  
 Aztec, NM 87410  
 District IV - (505) 827-7131  
 2040 S. Pacheco  
 Santa Fe, NM 87505

New Mexico  
 Energy Minerals and Natural Resources Department  
 Oil Conservation Division  
 2040 South Pacheco Street  
 Santa Fe, New Mexico 87505  
 (505) 827-7131

Form C-139  
 Revised 06/99

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

**APPLICATION FOR PRODUCTION RESTORATION PROJECT**

I. Operator and Well: H-0626

Operator name & address <b>Amerada Hess Corporation P. O. Drawer D, Monument, New Mexico 88265</b>							OGRID Number <b>000495</b>		
Contact Party <b>Robert L. Williams, Jr.</b>							Phone <b>505 393-2144</b>		
Property Name <b>North Monument Grayburg San Andres Unit Blk. 4</b>						Well Number <b>4</b>	API Number <b>30-025-03999</b>		
UL <b>P</b>	Section <b>13</b>	Township <b>19S</b>	Range <b>36E</b>	Feet From The <b>660</b>	North/South Line <b>South</b>	Feet From The <b>660</b>	East/West Line <b>East</b>	County <b>Lea</b>	

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):

Date Production Restoration started: **6-13-2000**      Date Well Returned to Production: **6-23-2000**

Describe the process used to return the well to production (Attach additional information if necessary):  
**Please refer attached.**

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 checked="" type="checkbox"/> ONGARD production data <input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)	Month/Year (Beginning of 24 month period): <b>July, 1992</b> Month/Year (End of 24 month period): <b>June, 2000</b>
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IV. Affidavit:

State of New Mexico )  
 County of Lea )  
**Robert L. Williams, Jr.**, being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have personal knowledge of the facts contained in this Application.
- To the best of my knowledge, this application is complete and correct.

Signature *[Signature]* Title Sp. Production Foreman Date 10/11/00

SUBSCRIBED AND SWORN TO before me this 11<sup>th</sup> day of October, 2000.

*[Signature]*  
 Notary Public

My Commission expires: 3-14-2001

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: 6-23, 2000

Signature District Supervisor <u><i>[Signature]</i></u>	OCD District <u>1</u>	Date <u>10/19/2000</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: \_\_\_\_\_

*247*

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.	30-025-03999
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1327-1
7. Lease Name or Unit Agreement Name	North Monument G/SA Unit Blk. 4
8. Well No.	4
9. Pool name or Wildcat	Eunice Monument G/SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

**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  GAS WELL  OTHER TA'd, return to prod

2. Name of Operator  
Amerada Hess Corporation

3. Address of Operator  
P. O. Box 840, Seminole, Texas 79360

4. Well Location  
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line  
Section 13 Township 19S Range 36E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Re-activate TA'd well.</u> <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.

6-13 thru 6-23-2000

MIRU Tyler Well Svc. pulling unit. Removed wellhead. installed BOP & TOH w/tbg. TIH w/ret. tool. circ. csg. clean & press. tested csg. to 500 PSI for 30 min. Latched onto RBP at 3750' & TOH. TIH w/6-1/8" bit & drilling bailer & cleaned out to TD at 4093'. TIH w/2-3/8" tbg. set OE at 4075'. Removed BOP & installed wellhead. TIH w/2" X 1-1/2" RWBC 12"X3'XS0 pump on rods. RDPU & cleaned location. Set pumping unit & motor. Connected electrical service & began pumping well 6-23-2000. Well status changed from TA'd to pumping.

Test of 6-27-2000: Prod. 0 B.O./D., 10 MCFGPD, & 180 B.W./D. in 24 hours.

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

SIGNATURE Roy L. Wheeler, Jr. TITLE Bus. Svc. Spec. II DATE 6-29-2000  
TYPE OR PRINT NAME Roy L. Wheeler, Jr. TELEPHONE NO. 915 785-6778

(This space for State Use)

AUG 4 2000

APPROVED BY \_\_\_\_\_ ORIGINAL SIGNED BY GARY WINK DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: FIELD REP. II

Amerada Hess Corp. - Petroleum Information Center  
 Reporting for Cost Center: S00012-Monument Area  
 Prod Volumes - Begin Date : 06/01/2000 - End Date : 09/30/2000  
 Attributes : Well Completion Sum By : Selected Entities

<u>Well</u>	<u>Prod. Date</u>	<u>Prod. Oil (BBLs)</u>	<u>Prod. Gas (MCF)</u>	<u>Prod. Water (BBLs)</u>	<u>Well No</u>	<u>Well API</u>	<u>Zone Name</u>
NMGSAU #404	06/30/2000	2	450	976	001182-01	3002503999	G-SA
NMGSAU #404	07/31/2000	237	1084	2814	001182-01	3002503999	G-SA
NMGSAU #404	08/31/2000	257	2648	2989	001182-01	3002503999	G-SA