

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

H-0688

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

**APPLICATION FOR PRODUCTION RESTORATION PROJECT**

I. Operator and Well:

Operator name & address <b>Amerada Hess Corporation P. O. Drawer D, Monument, New Mexico 88265</b>							OGRID Number <b>000495</b>		
Contact Party <b>Jay Baker</b>							Phone <b>505 393-2144</b>		
Property Name <b>North Monument G/SA Unit Blk. 2</b>					Well Number <b>8</b>		API Number <b>30-025-05625</b>		
UL <b>H</b>	Section <b>18</b>	Township <b>19S</b>	Range <b>37E</b>	Feet From The <b>1980</b>	North/South Line <b>North</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: **04/17/2002**      Date Well Returned to Production: **05/2002**

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

Well file record showing that well was plugged     ONGARD production      Month/Year (Beginning of 24 month period): **02/1995**

X OCD Form C-115 (Operator's Monthly Report)      Month/Year (End of 24 month period): **05/2002**

IV. Affidavit:

State of New Mexico )  
 ) ss.  
 County of Lea )  
Jay Baker, 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 Jay Baker Title Senior Production Foreman Date \_\_\_\_\_  
 SUBSCRIBED AND SWORN TO before me this 29 day of October, 2002.

\_\_\_\_\_  
 Notary Public

My Commission expires: 03/15/05

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: 5/2002

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>10/4/02</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

mtp