

District I - (505) 393-6161
1625 N. French Dr
Hobbs, NM 88241-1980
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

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:

Operator name & address Mary Corley P.O. Box 3092 Houston, TX 77253						OGRID Number 000778		
Contact Party Mary Corley						Phone 281-366-4491		
Property Name Wallace Gas Com				Well Number 1		API Number 30-045-2222		
UL H	Section 35	Township 31N	Range 11W	Feet From The 1630'	North/South Line North	Feet From The 790'	East/West Line East	County San Juan

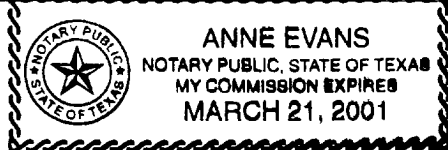
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: January 12 1998	Date Well Returned to Production: February 1 1998
Describe the process used to return the well to production (attach additional information if necessary): Connected well to wellhead compression in order to enable well to return to production.	

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:		Month/Year (Beginning of 24 month period): January 1996
<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 (End of 24 month period): January 1998

IV. Affidavit:

State of <u>Texas</u>)) ss. County of <u>Harris</u>)		
<u>Mary Corley</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>Mary Corley</u>	Title <u>Sr. Business Analyst</u>	Date <u>October 1 1999</u>
SUBSCRIBED AND SWORN TO before me this <u>1</u> day of <u>October</u> , <u>1999</u> .		
		<u>Anne Evans</u> Notary Public
My Commission expires: <u>March 21 2001</u>		

FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

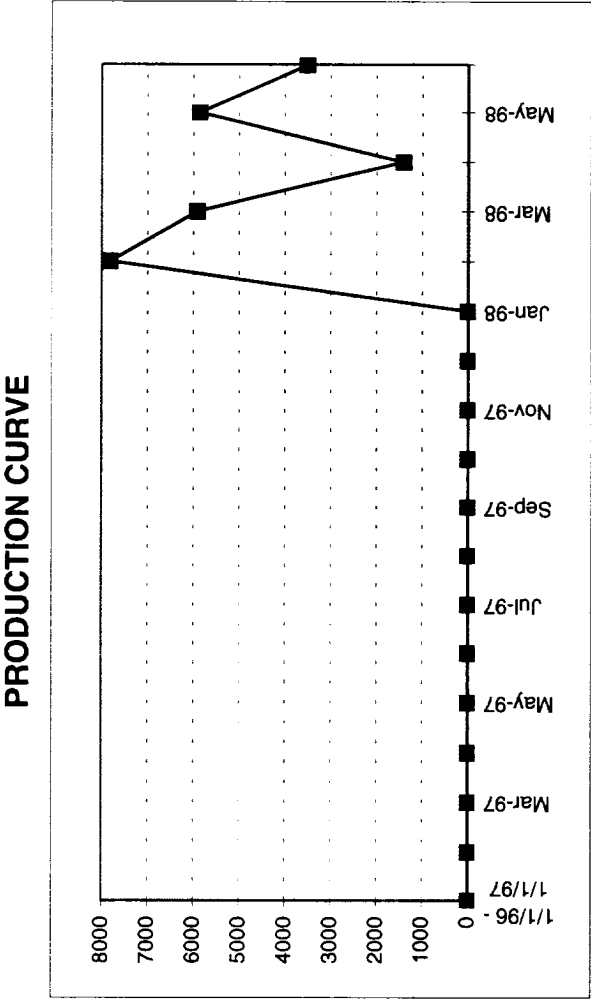
This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on: 2/1/98.

Signature District Supervisor <u>JS. J.</u>	OCD District <u>3</u>	Date <u>11/3/99</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

Wallace Gas Com 1
Blanco Mesaverde Pool
API 30-045-10150
Flac # 924504-02
LOCATION S11 T39N R8W
CONNECTED WELLHEAD COMPRESSION
Completed 1/12/98

PRODUCTION TABLE	
1/1/96 - 1/1/97	0
Feb-97	0
Mar-97	0
Apr-97	0
May-97	0
Jun-97	0
Jul-97	0
Aug-97	0
Sep-97	0
Oct-97	0
Nov-97	0
Dec-97	0
Jan-98	7820
Feb-98	5920
Mar-98	1416
Apr-98	5865
May-98	3513
Jun-98	



WELL CONNECT TO WELLHEAD COMPRESSOR.