

1045 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:

H-0559 9/7

Operator name & address Lynx Petroleum Consultants, Inc. P.O. Box 1708, Hobbs, NM 88241						OGRID Number 013645		
Contact Party Marc L. Wise						Phone (505) 392-6950		
Property Name Federal M				Well Number 1		API Number 30-025-21893		
UL L	Section 27	Township 18S	Range 33E	Feet From The 1980	North/South Line South	Feet From The 990	East/West Line West	County Lea

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): South Corbin Wolfcamp	
Date Production Restoration started: 06/28/99	Date Well Returned to Production: 8/1/99
Describe the process used to return the well to production (Attach additional information if necessary): acidize and frac Bone Spring 9684-9726'. Set CIBP @ 10645'. Perf,	

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 type="checkbox"/> ONGARD production data <input checked="" type="checkbox"/> OCD Form C-115 (Operator's Monthly Report) Previous operator OGRID 26485		Month/Year (Beginning of 24 month period): 06/97
		Month/Year (End of 24 month period): 05/99

IV. Affidavit:

State of New Mexico)
County of Lea) ss.
Marc L. Wise, 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 Marc Wise Title President Date 9/3/99
SUBSCRIBED AND SWORN TO before me this 3rd day of Sept, 1999.
LECO
Notary Public

My Commission expires: 02-22-01

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: 8-1-99.

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>9/17/99</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

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