District 1 o tod (20 doing) 1625 × 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

Energ Ainerals and Natural Resources L partment

Oil Conservation Division

2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131 SUBMIT ORIGINAL PLUS 2 COPIES TO APPROPRIATE DISTRICT OFFICE

Form C-139

Revised 06.99

APPLICATION FOR RESTORATION PROJECT

l. Operator and Well:	H-0617	
Operator name & address KC RESources, Mr.		OGRID Number
PO BOX 1118, Cardiff, CA 92001	,	15142
Boldoi Dilli		Phone (740)753-3330
Property Name Lea 4H Stall	Well Number 서	API Number 30-075-20687
<u>- 25 185 348 19801</u>	orth/South Line Feet From The East	West Line County ast lea
II. Pool and Production Restoration: Previous Producing Pool(s) (If change in Pools):		
Date Production Restoration started:	Date Well Returned to Produc	otion:
Describe the process used to return the well to production. (Attach would pumping with On Ocal	additional information if necessary):	
III. Identify the period and Division records which consecutive months prior to restoring product	show the Well had thirty (30) days	or less production for the twenty-four
Records Showing Well produced less than 30 days during 24 period: [] Well file record showing that well was plugged		Month/Year (Beginning of 24 month period):
[V] OCD Form C-115 (Operator's Monthly Report) IV. Affidavit:		Month/Year (End of 24 month period):
State of Callornia		
County of Sun Sido) ss. Office Sun Sido) 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. This application is complete and correct.		
Signature Ward Sance Title Marko Can no Date Story		
SUBSCR/BED AND SWORN TO before me this 17 day of May , 2000		
My Central Services Public - Colifornia Notary Public Notary Public - Colifornia Notary Public		
FOR OIL GOMERNATION DIVISION LICE ONLY:		
V. CERTIFICATION OF APPROVAL: This Application is hereby approved and the above hereof, the Division notifies the Secretary of the Tawas restored on:	-referenced well is designated a Produxation and Revenue Department of thi	uction Restoration Project. By copy s Approval and certifies that production
Signature District Supervisor	OCD District Date	/ /
Tant I flower		8/3/00
VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:		