

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

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

H-0669

APPLICATION FOR PRODUCTION RESTORATION PROJECT

I. Operator and Well:

Operator name & address Occidental Permian Limited Partnership P O Box 4294 Houston, Texas 77210-4294							OGRID Number 157984		
Contact Party Karen Ellis							Phone 281-552-1161		
Property Name North Hobbs (Grayburg San Andres) Unit					Well Number 312		API Number 30-025-29130		
UL B	Section 24	Township 18S	Range 37E	Feet From The 10	North/South Line North	Feet From The 2630	East/West Line East	County Lea	

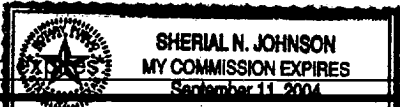
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 7/26/01	Date Well Returned to Production: 7/31/01
Describe the process used to return the well to production (Attach additional information if necessary): See attached 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: <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 (Beginning of 24 month period): 7/1/99
		Month/Year (End of 24 month period): 7/1/01

IV. Affidavit:

State of <u>Texas</u>) County of <u>Harris</u>) ss. <u>Karen Ellis</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>Karen Ellis</u> Title <u>Tax Incentive Analyst</u> Date <u>10/30/01</u> SUBSCRIBED AND SWORN TO before me this <u>30th</u> day of <u>OCTOBER, 2001</u> .		
My Commission  Notary Public <u>Sherial N. Johnson</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:

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>11/27/01</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

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

SIGNATURE _____ TITLE SR. ENGR. TECH DATE 08/03/2001
TYPE OR PRINT NAME ROBERT GILBERT TELEPHONE 505/397-8206
NO. _____

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