

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

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505  
(505) 476-3440

Form C-139  
Revised 06/99

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

H-0589

**APPLICATION FOR PRODUCTION RESTORATION PROJECT**

I. Operator and Well:

Operator name & address OXY USA WTP Limited Partnership, Inc P O Box 4294 Houston, Texas 77210-4294 Attn: Karen Ellis M/C 340B							OGRID Number <del>492463</del>	
Contact Party Karen Ellis							Phone 281-552-1161	
Property Name Federal AB					Well Number 4		API Number 30-025-29531	
UL P	Section 11	Township 18S	Range 33E	Feet From The 990	North/South Line South	Feet From The 660	East/West Line East	County Lea

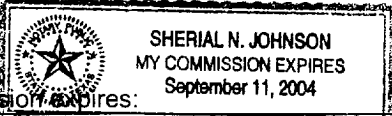
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 9/10/02	Date Well Returned to Production: 9/28/02
Describe the process used to return the well to production (Attach additional information if necessary): See attached form 3160-5	

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):
<input type="checkbox"/> Well file record showing that well was plugged	<input type="checkbox"/> ONGARD production data	8/31/2000
<input checked="" type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)		Month/Year (End of 24 month period):
		8/31/2002

IV. Affidavit:

State of <u>TEXAS</u> ) ) ss. County of <u>HARRIS</u> ) <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>11/20/02</u>
SUBSCRIBED AND SWORN TO before me this <u>20th</u> day of <u>NOVEMBER</u> , <u>2002</u> .		
		Notary Public <u>Sherial N. Johnson</u>
My Commission Expires: <u>September 11, 2004</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. A copy hereof, Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored.

9/28/02

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>11/26/02</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

OXY USA WTP Limited Partnership Inc

3a. Address

P.O. Box 50250, Midland, TX 79710-0250

3b. Phone No. (include area code)

915-685-5717

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990 FSL 660 FEL SESE(P) Sec 11 T18S R33E

5. Lease Serial No.

NM26884

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and Federal AB

8. Well Name and No.

4

9. API Well No.

30-025-29531

10. Field and Pool, or Exploratory Area

Mescalero Excarpe  
Bone Spring

11. County or Parish, State

Lea NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

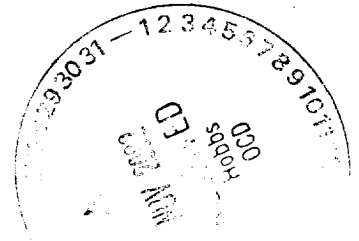
- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input checked="" type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation                          | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                           | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon                  |   |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal                       |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zone. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator determined that the final site is ready for final inspection.)

SEE OTHER SIDE



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

David Stewart

Title

Sr. Regulatory Analyst

Date

10/22/02

ACCEPTED FOR RECORD THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

David R. Glass

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, and Title 42 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.