Pistrict 1 - (208) (203-0151 1625 N. French Dr Hobbs, NM 88241-1980 Distret 11 - (505) 748-1283 811 S. First Artesia, NM 88210 District [1] - (505) 334-6178 1000 Rio Brazos Road Aztec, NM 87410 District IV - (505) 827-7131

New Mexico

Form C-13^c Revised 06/99

Energy Minerals and Natural Resources Department

Oil Conservation Division 2040 South Pacheco Street Santa Fe, New Mexico 87505

(505) 827-7131

SUBMIT ORIGINAL PLUS 2 COPIES TO APPROPRIATE DISTRICT OFFICE

APPLICATION FOR RESTORATION PROJECT

	!	RESTORATION		CT 🟒	4-0	مردم	
ı. Operator and Well:				10	/ - 2	150	1/129
Operator name & address	10	OGRID Number					
John H. Hendrix Co.		OGIND Number					
P.O. Box 3040	•						•
Midland, Texas 79	U	012024					
Contact Party						hone	0.4.6663
Rhonda Hunter			84-6631				
Property Name Corrigan		Well Number		API Number 30-025-06993			
UL Section Township Ran	nge Feet From The	North/South Line	Feet Fro	1	EastWe		County
0 33 215 37	E 589	South	1909		East		Lea
 Pool and Production I 						·	neu
Previous Producing Pool(s) (If change	je in Pools):						
Date Production Restoration started:			ate Well Re	turned to P	roduction		
10/29/98	roduction	١.					
Describe the process used to return t	he well to production. (Att	ach additional inform	L/04/9 nation if ne	cessary):			
Re-enter Tubb Oil	& Gas-Drilled	lout cemer	nt ne	rforat	- Ба-	uhh	acidized frace
III. Identify the period and	Division records wi	nich show the W	ell had th	nirty (30)	davs or	less pr	roduction for the twenty-fou
consecutive months p	prior to restoring proc	duction:		, (,	,		to a district the twenty for
Records Showing Well produced less	than 30 days during 24 r				Mo	onth/Yea	r (Beginning of 24 month period)
Well file record showing the			oproduct	ion data		0191	6
[] OCD Form C-115 (Operat	or's Monthly Report)						r (End of 24 month period):
IV. Affidavit:						0199	<u> </u>
State of Texas							
Otate of	<i>)</i>) ss.						
_ County of Mide	AA. d) 33.						
RONIEH WISTOR	being first duly sy	orn upon oath	states:				
1. I am the Oper	rator, or authorized r	epresentative of	the One	rator of t	he ahov	/a_rafai	renced Wall
2. I have person	al knowledge of the	facts contained	in this Ar	plication	ile abov	/C-16161	renced vven.
3 This application	on is complete and c	orrect.	u	' j	•		
Signature WANITAN. H	FARE STATE OF THE	Title.	p 1/0	ec. Low		_	ate 11/27/99
SUBSCRIBE TAND WINDER	ANTEXPRES - PO this	day of	nev.	3190	<u> </u>	Da	ite
SUBSCRIBE AND SWOWN	110, 2000 - F 3115 -	uay oi _	11 <u>50.</u>		17		1
	· L	ant		Kley	111	- ~	,)
		Notary P	ublic	7000	m	· ·	
My Commission expires:	1,0/2000	Holary	abile)		,		
FOR OIL CONSERVATION D	IVISION USE ONLY	·.					
V. CERTIFICATION OF	APPROVAL:						
This Application is hereb	y approved and the al	bove-referenced v	vell is desi	ignated a	Producti	on Rest	toration Project. By copy
hereof, the Division notif	ies the Secretary of th	e Taxation and Re	evenue De	partment	of this A	pprova	I and certifies that production
was restored on:			18_				•
Signature District Supervisor		OCD Distri	ict		Date		
1	211		/		:	100	12/05
- am	naun	/			<u> </u>	121	2/7/
VI. DATE OF NOTIFICATIO	N TO THE SECRETA	RY OF THE TAXA	TION AN	D REVEN	HE DED	ΔΡΤΜΕ	INIT

YPE OR PRINT NAME	NIT.	A RICE					TELEPHONE NO	. (915)687 -7 4	436		
	TYPE OR PRINT NAME NITA RICE						TELEPHONE NO. (915)687-7436				
hereby certify that the	Auta	is trus sold coimp			e and ballet. CAL ASSIST/	ANT .	DATE:	1/12/94	پ خــــــــــــــــــــــــــــــــــــ	<u> </u>	
WOR PLUG PLUG PLUG CIRC PLUG PLAC PULL	d or Completed Operating any proposed K PERFORME #1, SET CIE #2, 35 SX (#3, PERF 5- #4, PERF @ ULATE TO SI #5, PERF @ E 9.5 PPG M DEAD MAN NGE STATUS	D 1-7 THR P @ 6500' CMT F/4906 1/2" CSG (250', SQZ JRFACE. 250', SQZ UD BETWE	1109. U 1-11-94 , W/25 SX 0-5320' (C 0 3850, S W/65 SX 100 SX P EN ALL PL FILL PITS	COMT ON COVERS GI OZ W/50 : PLUG 115 PLUG 350- LUGS. , LEVEL LC	TOP. (COV LORIETTA) SX CMT. (C 50-1300' (C SURFACE (C	ERS 5- OVERS OVERS COVERS	8-5/8" SH SALT ZON 5 13-3/8" S	0E) (E) (SH0E)			
NOTI PERFORM REMEDIAL I PEMPORARILY ABANE PULL OR ALTER CASH OTHER:	ON CHA	TION TO: G AND ABANDO EMAJE BOW		1		s	EPORT OF	ALTER CASING PLUG AND ABAN.	X X]]	
11			Box to Indec	ato Nature pi	3456' GR Notice, Report						
Unit Letter Section	33		Feet From Township 10. Elev	21\$			37E		LEA	Line Cou	
P.O. BOX 1150 4. Well Location	MIDLAND,	· · · · · · · · · · · · · · · · · · ·			SOUTH		DRINKARD	Feet From The	EAST	_	
3. Address of Operati	•						9. Pool name			_	
OIL WELL X 2. Name of Operator	GAS WEL	L OT	HER			. <u>-</u>	8. Well No.				
1. Type of Well:		RM C-101) FC					CENTRAL	DRINKARD U	NIT		
(DO N	OT USE THIS FO	RY NOTICE RM FOR PROP ENT RESERVO	OSALS TO D	RILL OR TO	DEEPEN OR PLU	IG BACK	7. Lases Name	or Unit Agreement	Name		
	611175	DV NOTE	C 4 - 1	DOCTO OF	L WELLS		N/A			7:4:25	
1000 Rie Brezos Rd.,	iztec, Nm 87410							STATE [FEEX	<u> </u>	
<u>DISTRICT II</u> 1.0. Drawar Dd, Arles DISTRICT III	a, NM 88210					3	API NO. (amign	30-025-069			
<u>DISTRICT (</u> P.O. Box 1980, Hobbe	, NM 88240	\$	Santa Fe,	New Mex	ico 87504-2	880					
			P.0	. Box 2088							
	<u> </u>				ources De DIVISIO		t		Revisled 1-1		
e#		1000 # Fax #	93-2	22/	ico				Form C-103		
	ARIX							,			
STULLEN	11	20.		1							