District I - (505) 393-6161
1625 N. French Dr
Hobès, NM 88240
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
2040 S. Pacheco
Santa Fe, NM 87505

VI.

## New Mexico

## 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

Form C-139

Revised 06/99

H-0619

## APPLICATION FOR PRODUCTION RESTORATION PROJECT

	Opera	tor and We	ell.															
I Amer	Operator name & address								OGRID Number									
Amerada Hess Corporation																		
P. O. Drawer D								nor	000495									
Monument, New Mexico 88265																		
Contact Party  Rebort L Williams Ir								Phone	505 393-2144									
Robert L. Williams, Jr.																		
Property Name Well Number  Mary J. Raley									30-025-07783									
UL IVICITY	Section	Township	Range	Feet From The	North/South Line	Foc	t From The	East/West Line	County									
l or D	17	20S	38E	660	North	100	660	West	Lea									
11.		nd Product	<del></del>	<del></del>	1101111	L		.,,,,,,	200									
Previous Producing Pool(s) (If change in Pools):																		
Warren McKee Simpson																		
Date Production Restoration started:  Date Well Returned to Production:																		
3-22-2000 4-13-2000																		
Describe the process used to return the well to production (Attach additional information if necessary):																		
Please refer attached C-103's.																		
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:								period):	Month/Year (Beginning of 24 month									
( ) Well file record showing that well was plugged ( ) ONGARD production data period):  09/1991																		
(X) OCD Form C-115 (Operator's Monthly Report)									End of 24 month period):									
									03/2000									
IV.	Affidav	rit:																
	State o	f New I	Mexico	)														
				) ss.														
	County	of <u>Lea</u>		)														
Rober	t <u>L. Wi</u>	lliams,	<u>]r.,</u> bein	g first duly swor	n, upon oath sta	tes:												
	1.	I am the C	perator,	or authorized r	epresentative of	the	Operator,	of the above-	Robert L. Williams, Jr., 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 Dest of my knowledge, this application is complete and correct.																	
	3.							tion.	reterencea weii.									
Signa	· '\			nowtedge, this	application is co	omp	ete and co	tion. orrect.	. 1									
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Signa SUBSC	iture 🔽	To the Ges	to my k	nowledge, this	application is co	omp ion	ete and co	tion. orrect.	. 1									
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DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: