New Mexico

Energ Inerals and Natural Resources L artment

Oil Conservation Division

2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131

APPLICATION FOR WELL WORKOVER PROJECT

Submit Original **PLUS 2 COPIES** TO APPROPRIATE

Form C-140

Revised 06/99

				/7 -	09	90	•		DISTRICT OFFICE	
 Opera 	tor and Well			• •	_ /	, -				
Operator name & address							OGRI	OGRID Number		
Marathon Oil Company										
P. O. Box 552							0140	21		
Midland, Texas	s 79702									
Contact Party							Phone			
Walter Dueease (800) 351-1417, (915) 687-8210							915-0	82-1626	3	
Property Name Well Number										
Hansen State 9						30-0	25-3428	6		
UL Section	Township R	Range	Feet From The	North/South Line	Feet Fr	om The	East/West Li			
H 16	20-5 3	37-Ĕ	2190	North	460		East		LEA	
II. Worko	ver									
Date Workover C		evious F	Producin Pool(s) (Pr	ior to Workover):		/lonument	Abo			
5/7/99			, , ,	,	_					
Date Workover Co	mpleted:									
5/25/99										
III. Attach	a description	of the	Workover Proce	edures performed	to inci	ease pro	duction			
								nrior to	the workover and at	
				the workover refl						
V. AFFID		produ	ionor ionowing	uic workover ren	comig	a positive	production	III Ci Case	··	
State of									7.4.4.	
State of	16792		/							
0	لد سمالد: ۸۵ ک) ss.							
	of <u>Midland</u>		_ _, /							
	Dueease			irst duly sworn, u						
				sentative of the C						
									available for this Well.	
3. To	the best of my	y know	ledge, this appl	ication and the d	ata use	d to prep	pare the prod	luction c	urve and/or table for	
	this Well are	compl	ete and accurat	te.						
1		<u> </u>							112122	
Signature	valter &	luce	an	Title Regulator	v Affair	s Coordir	nator D	ate 🤫 /	13/00	
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SUBSCRIBED	AND SWORK	JTOh	efore me this I	3 <u>44</u> day of <u>A</u>	foril	2	MA			
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My Commission expires: Upril 26, 2001 JEAN HAYSLIP										
My Commission Expires										
			·		324	No.	April 26, 2001			
	EDVATION DIV							اكسحد		

VI. **CERTIFICATION OF APPROVAL:**

> This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was 5-25-99 completed on ____

Signature District Supervisor	OCD District	Date / /	
Jan 3 Mans		9/3/2000	

DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: VII.