District I - (505) 393-6161 P. O. Box 1980 liobbs, NM 88241-1980 District II - (505) 748-1283 S11 S. First Artesia, NM 88210 District III - (505) 334-6178

District IV - (505) 827-7131

1000 Rio Brazos Road

Aztec, NM 87410

New Mexico Energy Minerals and Natural Resources Department Oil Conservation Division

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

10/29/2 4-193

Form C-139 Originated 11/1/95

> Submit Original Plus 2 Copies to appropriate District Office

11/5

APPLICATION FOR QUALIFICATION OF PRODUCTION RESTORATION PROJECT AND CERTIFICATION OF APPROVAL

THREE COPIES OF THIS APPLICATION MUST BE FILED WITH	THE APPROPRIATE DISTRICT OFFICE OF THE OIL
CONSERVATION DIVISION	

CON	EE COPIES OF THIS APPLICATION MUST ISERVATION DIVISION.	BE FILED WITH THE APPROPRIATE DISTRICT OFFICE OF THE OIL	
i.	Operator: Exxon Corporation	OGRID #:O07673	
	Address: P. O. Box 1600, Midla	and, TX 79702	
	Contact Party: Nancy W. Andrews	Phone: (915) 688-6635	
11.	Name of Well: New Mexico FO Star	te Com # 1 API#: 30-025-06462	
	Location of Well: Unit Letter 0 , 990 Feet from the Township 21S , Range 37E , NM	$\frac{1980}{1000}$ South line and $\frac{1980}{1000}$ feet from the $\frac{100}{1000}$ line, Section $\frac{100}{1000}$, $\frac{100}{1000}$	
III.	Previous Producing Pool Name: 60240, Tubb 0il & Gas; 06660 Blinebry 0il & Gas		
IV.	Describe the process used to return the Well to production. (Attach additional information if necessary): Rework the well to Hare- San Andres (see attached).		
V.	Date the Production Restoration Project was commenced: 9/22/95 Date the Well was returned to production: 10/16/95		
VI.	Identify the Oil Conservation Division records which show the Well had thirty (30) days or less production between January 1, 1993 and December 31, 1994:		
	[] Origard inactive well list; or [x] OCL	D Form C-115 (Operator's Monthly Report)	
/II.	AFFIDAVIT:		
	State of <u>Texas</u>) ss.		
	County of Midland) ss.		
	Nancy Andrews 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 for Qualification of a Production Restoration Project.		
	3. The data utilized to prepare this application is complete and correct.		
		Name) / Condica S	
		Controls Accountant	
		(Title)	