District I - (505) 393-6161 PO Box 1980 Hobbs, NM 88241-1980 District II - (505) 748-1283 811 S. First Artesia, NM 88210 District III - (505) 334-6178

1000 Rio Brazos Road

Aztec, NM 87410

## New Mexico rgy Minerals and Natural Resources Depa Oil Conservation Division

2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131 Form C-139 Originated 11/1/95

Submit Original
Plus 2 Copies

to appropriate
District Office

## H-0496

## 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.

I.			Marathon Oil Compan			OGRID #:	14021	
		Address: P. O. Box 552 - Midland, Texas 79702						
	Contact Party: Richard E. Pollard Phone #: (915) 687-8210						10	
II.	Name:	of Well:	Lou Worthan #4			API #: <u>30025</u>	10213	
		Location of Well:						
	Unit L	etter <u>G</u>	<u>1980</u> Feet from the_	N _line and	1980	_feet from the _	E_line, Section 11	
	Towns	hip <u>22-S</u>	,Range 37-E, NMPM	I, <u>Lea</u>		County		
III.	Previo	us Produc	cing Pool Name: Padd	lock	· · · · · · · · · · · · · · · · · · ·			
IV.	Describ	Describe the process used to return the well to production. (Attach additional information if necessary):  Deepened from Paddock to top of Drinkard, installed 4" liner, perf. & stimulate Blinebry,						
V.	Date the Production Restoration Project was commenced: August 2, 1998							
	Date the Froduction Restoration Project was commenced: August 2, 1998  Date the well was returned to production: August 27, 1998							
	August 27, 1776							
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:							
	[ ] Ongard inactive well list; or [ X ] OCD Form C-115 (Operator's Monthly Report)							
VII.	AFFID	AVIT:						
	State of Texas )							
	County	of <u>Mic</u>	) ss. <u>lland</u> )					
	R. E. Pollard , being first duly sworn , upon oath states:							
	1. I am the Operator or authorized representative of the Operator of the above referenced Well.							
	2.	<ol> <li>I have personal knowledge of the facts contained in this Application for Qualification of a Production Restoration Project.</li> </ol>						
	3. The data utilized to prepare this application is complete and correct.							
				(Name) R. E. I	Pollard	1 E 6°	llend	
				(Title) Senior G	lovernmen	t Compliance Rep	presentative	

