

District I - (505) 393-6161  
1625 N. French Dr  
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  
District IV - (505) 827-7131

New Mexico  
Energy Minerals and Natural Resources Department  
Oil Conservation Division  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505  
(505) 827-7131

Form C-139  
Revised 06-99

SUBMIT ORIGINAL  
PLUS 2 COPIES  
TO APPROPRIATE  
DISTRICT OFFICE

APPLICATION FOR  
RESTORATION PROJECT

H-0591

3/1/00

I. Operator and Well:

Operator name & address Kaiser-Francis Oil Company P. O. Box 21468, Tulsa, OK 74121-1468							OGRID Number 012361	
Contact Party Charlotte Van Valkenburg							Phone 918-491-4314	
Property Name Bell Lake Unit					Well Number 12	API Number 30-025-24335		
UL J	Section 31	Township 23S	Range 34E	Feet From The 1980	North/South Line South	Feet From The 1980	East/West Line East	County Lea

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): Bell Lake Cherry Canyon; Bell Lake Bone Springs	
Date Production Restoration started: 10/30/99	Date Well Returned to Production: 11/25/99
Describe the process used to return the well to production. (Attach additional information if necessary): Drilled out CIBP and commingled Cherry Canyon & Bone Springs zones. POP & returned to production.	
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 period: [ ] Well file record showing that well was plugged [ ] ONGARD production data [x] OCD Form C-115 (Operator's Monthly Report)	Month/Year (Beginning of 24 month period): 10/97 Month/Year (End of 24 month period): 10/99

IV. Affidavit:

State of <u>Oklahoma</u> ) County of <u>Tulsa</u> ) ss. Charlotte Van Valkenburg, 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. This application is complete and correct.		Signature <u>Charlotte Van Valkenburg</u> Title <u>Technical Coordinator</u> Date <u>4/26/00</u> SUBSCRIBED AND SWORN TO before me this <u>26th</u> day of <u>April</u> , 2000 <u>Linda S. Murdock</u> Notary Public
My Commission Expires <u>12-20-2000</u>		

FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on: 11-25-99

Signature District Supervisor <u>Paul J. Harty</u>	OCD District <u>1</u>	Date <u>5/15/2000</u>
---	--------------------------	--------------------------

VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: \_\_\_\_\_

mp