

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

I. Operator and Well:

H-0561

10129

Operator name & address Exxon Corporation P. O. Box 4697, Houston, TX. 77210-4697							OGRID Number 007673	
Contact Party Nancy Andrews							Phone (713) 431-1110	
Property Name New Mexico "S" State						Well Number 201/29	API Number 30-025-25276	
UL L	Section 2	Township 22S	Range 37E	Feet From The 1700	North/South Line South	Feet From The 660	East/West Line West	County Lea

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):

Wantz ABO (62700)

Date Production Restoration started:

8/13/99

Date Well Returned to Production:

8/28/99

Describe the process used to return the well to production. (Attach additional information if necessary):

Acidize & Frac ( See attached C103 & C 105

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 [X] ONGARD production data  
[ ] OCD Form C-115 (Operator's Monthly Report)

Month/Year (Beginning of 24 month period):

9/97

Month/Year (End of 24 month period):

8/99

IV. Affidavit:

State of Texas )

) ss.

County of Harris )

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.
3. This application is complete and correct.

Signature Nancy Andrews Title Controls Analyst

SUBSCRIBED AND SWORN TO before me this 22nd day of October, 1999.

Date: 10/22/2003



Notary Public

My Commission expires: 7-2-2003

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: 8-28-99.

Signature District Supervisor <u>[Signature]</u>	OCD District <u>1</u>	Date <u>10/26/99</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: \_\_\_\_\_

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**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240  
**DISTRICT II**  
811 South First, Artesia NM 88210  
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
**DISTRICT IV**  
2040 South Pacheco, Santa Fe, NM 87505

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
**30-025-25276**

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

**B-934**

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

**Exxon Corp.**

3. Address of Operator **Attn: Regulatory Affairs**

**P. O. Box 4358 Houston Tx 77210-4358**

4. Well Location

Unit Letter **L** : **1700** Feet From The **South** Line and **660** Feet From The **West** Line

Section **2** Township **22S** Range **37E** NMPH Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

**3386**

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. (For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion)

**08/13/99 Acidize Abo perfs (6785-7080) w/3500 gal of 20% HCL & 100 Ball Sealers.**

**08/16/99 Frac Lower Abo 6944-7080 @ APSI of 5622 @ Avg 42 BPM, 77028# of sand.**

**08/21/99 Add pump.**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Allison Myrow* TITLE **Staff Office Assistant**

DATE **09/30/1999**

TYPE OR PRINT NAME **Allison Myrow**

TELEPHONE NO. **(713) 431-1213**

This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY:

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies  
DISTRICT I  
1625 N. French, Hobbs, NM 88240  
DISTRICT II  
811 South First, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410  
DISTRICT IV  
2040 Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources Department

Form C-105  
Revised 1-1-89

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <b>30-025-25276</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-934</b>

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Lease Name or Unit Agreement Name <b>New Mexico "S" State</b>	
b. Type of Completion NEW WELL <input type="checkbox"/> WORK OVER <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input type="checkbox"/> OTHER <input type="checkbox"/>			
2. Name of Operator <b>Exxon Corp.</b>		8. Well No. <b>29L</b>	
3. Address of Operator <b>Attn: Regulatory Affairs P. O. Box 4358 Houston Tx 77210</b>		9. Pool name or Wildcat <b>Wantz Abo</b>	
4. Well Location Unit Letter <b>L</b> : <b>1700</b> Feet From The <b>south</b> Line and <b>660</b> Feet From The <b>west</b> Line Section <b>2</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>Lea</b> County			
10. Date Spudded <b>05/22/1976</b>	11. Date T.D. Reached <b>06/02/1976</b>	12. Date Compl. (Ready to Prod.) <b>08/26/1999</b>	13. Elevations (DF & RKB, RT, GR, etc.) <b>3386</b>
14. Elev. Casinghead <b>-</b>			
15. Total Depth <b>7200</b>	16. Plug Back T.D. <b>7110</b>	17. If Multiple Compl. How Many Zones? <b>-</b>	18. Intervals Drilled By <b>X</b>
19. Producing Interval(s), of this completion - Top, Bottom, Name <b>6758-7080 Abo</b>			20. Was Directional Survey Made <b>no</b>
21. Type Electric and Other Logs Run <b>-</b>			22. Was Well Cored <b>no</b>

CASING RECORD (Report all strings in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
10 3/4	40.5; 41..85#	1125	13 3/4	670- CI C	
7	23; 26	7200	8 3/4	1700 CI C	

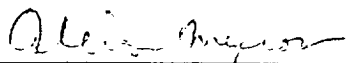
LINER RECORD				TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2 3/8	6909

26. Perforation record (interval, size, and number) <b>Previous perfs 6785-7080</b> <b>6758</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL <b>6758 6785-7080</b>	AMOUNT AND KIND MATERIAL USED <b>acidize perfs w/3500 gal of 20% hcl &amp; 100 ball sealers</b>
	<b>6944-7080 Frac</b>	

28. PRODUCTION							
Date First Production <b>08/28/1999</b>		Production Method (Flowing, gas lift, pumping - Size and type pump) <b>Flowing</b>				Well Status (Prod. or Shut-in) <b>Producing</b>	
Date of Test <b>09/13/1999</b>	Hours Tested <b>24</b>	Choke Size <b>32</b>	Prod'n For Test Period <b>18.3</b>	Oil - Bbl. <b>25.01</b>	Gas - MCF <b>0</b>	Water - Bbl. <b>1366</b>	Gas - Oil Ratio <b>39</b>
Flow Tubing Press. <b>27</b>	Casing Pressure <b>27</b>	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.) <b>39</b>	

29. Disposition of Gas. (Sold, used for fuel, vented, etc.) <b>Sold</b>	Test Witnessed By
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30. List Attachments <b>NM C103,, C104</b>
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31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief			
Signature 	Printed Name <b>Allison Myrow</b>	Staff Office Assistant Title	Date <b>09/30/1999</b>

