District I - (505) 393-6161 P. O. Box 1980 Hobbs, NM 88241-1980 District II - (505) 748-1283 811 S. First

District IV - (505) 827-7131

Aztec, NM 87410

New Mexico

1980
Hergy Minerals and Natural Resources Department
Oil Conservation Division

Form C-13 Originated 11/1/

District II - (505) 748-1283
811 S. First
Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Road

Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505

Submit Origin Plus 2 Cop to approprin District Off

CORRECTED API NUMBER

H-0041

## APPLICATION FOR QUALIFICATION OF PRODUCTION RESTORATION PROJECT AND CERTIFICATION OF APPROVAL

(505) 827-7131

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

l.	Operator:Enron Oil & Gas C	Company OGRID #:OGRID
	Address:P. O. Box 2267, M	Midland, Texas 79702
	Contact Party:Betty Gildo	Phone: 915/686-3714
11.	Name of Well: Government L Co Location of Well:	om. #1 API #: 30 025 25604
	Unit Letter G 1980 Feet from th	ne $\frac{ ext{North}}{ ext{MPM}}$ line and $\frac{1980}{ ext{feet}}$ feet from the $\frac{ ext{east}}{ ext{County}}$ line, Section $\frac{18}{ ext{Lea}}$
1.	Previous Producing Pool Name:	
V.	Describe the process used to return the Fracture Stimulation	e Well to production. (Attach additional information if necessary):
<i>'</i> .	Date the Production Restoration Project Date the Well was returned to production	t was commenced: 6/17/95 (date of fracture treatment) 6/27/95
		CD Form C-115 (Operator's Monthly Report)
41.	AFFIDAVIT:	en en <del>en e</del> n en
	State of Texas ) ss.  County of Midland )	
	)	
	Betty Gildon . being first duly sworn.	upon oath states:
	Betty Gildon , being first duly sworn,  1. I am the Operator or authorized	
	1. I am the Operator or authorized	upon oath states: representative of the Operator of the above referenced Well. the facts contained in this Application for Qualification of a Productio
	<ol> <li>I am the Operator or authorized</li> <li>I have personal knowledge of Restoration Project.</li> </ol>	representative of the Operator of the above referenced Well.
	<ol> <li>I am the Operator or authorized</li> <li>I have personal knowledge of Restoration Project.</li> </ol>	representative of the Operator of the above referenced Well. the facts contained in this Application for Qualification of a Productio
	<ol> <li>I am the Operator or authorized</li> <li>I have personal knowledge of Restoration Project.</li> </ol>	representative of the Operator of the above referenced Well.  the facts contained in this Application for Qualification of a Production application is complete and correct.