

District I  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone:(505) 393-6161 Fax:(505) 393-0720

District II  
 811 S. First St., Artesia, NM 88210  
 Phone:(505) 748-1283 Fax:(505) 748-9720

District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV  
 1220 S. St Francis Dr., Santa Fe, NM 87505  
 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**

Form C-139  
 Revised August 1, 2011  
 Permit

**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**  
**(505) 476-3440**

**APPLICATION FOR PRODUCTION RESTORATION PROJECT**

**I. Operator and Well:**

Operator name & address						OGRID Number			
Contact Party						Phone			
Property Name				Well Number		API Number			
UL - Lot	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County	

**II. Pool and Production Restoration:**

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started:	Date Well Returned to Production:
Describe the process used to return the well to production (Attach additional information if necessary):	

**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 month period: <input type="checkbox"/> Well File record showing that well was plugged <input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)	<input type="checkbox"/> OCD production data	Month/Year (Beginning of 24 month period):
		Month/Year (End of 24 month period):

**IV. Signature:**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Signature _____	Title _____	Date _____	
Type or print name _____	E-mail address _____	Telephone No. _____	

**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:  
 Date Production Restored as Reported on C-115: \_\_\_\_\_  
 Date Well Returned to Production: \_\_\_\_\_

Signature District Supervisor: \_\_\_\_\_ District \_\_\_\_\_ Date \_\_\_\_\_

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

