

DEC 20 1999

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TO APPROPRIATE
DISTRICT OFFICE**

APPLICATION FOR
RESTORATION PROJECT

CHL CON. DIV.
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1. Operator and Well:

Operator name & address Questar Exploration and Production Company 1331 17th Street, Suite 300 Denver, CO 80202							OGRID Number 23846	
Contact Party Jane Seiler							Phone 303-672-6970	
Property Name Ernest					Well Number		API Number 30-039-05338	
UL D	Section 27	Township 24N	Range 7W	Feet From The 530	North/South Line N	Feet From The 530	East/West Line W	County Rio Arriba

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools):	
Date Production Restoration started: 7-1-99	Date Well Returned to Production: 7-12-99
Describe the process used to return the well to production. (Attach additional information if necessary): Pull & test tubing, construct flowline and set production facilities	

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:	Month/Year (Beginning of 24 month period): 1/1995
<input type="checkbox"/> Well file record showing that well was plugged <input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)	<input checked="" type="checkbox"/> ONGARD production data Month/Year (End of 24 month period): 6/1999

IV. Affidavit:

State of Colorado)
) ss.
County of Denver)
_____, 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 [Signature] Title Admin. Supervisor Date 12-4-99
SUBSCRIBED AND SWORN TO before me this 16th day of December, 1999.
[Signature]
Notary Public
My Commission expires: 12/21/2001

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: 7/12/95

Signature District Supervisor	OCD District	Date
<i>[Signature]</i>	<i>[Handwritten]</i>	12/28/99

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