| District I - (505) 393-6161 1625 N. French Dr, Hobbs, NM 88240 | District II - (505) 748-1283 1301 W. Grand Avenue, Artesia, NM 88210 | District III - (505) 334-6178 1000 Rio Brazos Road, Aztec, NM 87410 | District IV - (505) 476-3440 1220 So. St. Francis Dr., Santa Fe, NM 87505

VII.

New Mexico Energy Minerals and Natural Resources Department

Form C-140 Revised June 10, 2003

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

(505) 476-3440

SUBMIT ORIGINAL PLUS 2 COPIES TO APPROPRIATE DISTRICT OFFICE

APPLICATION FOR WELL WORKOVER PROJECT

| I. Operator and Well | | | |
|--|----------------|--|----------------------------|
| Operator name & address | | | OGRID Number |
| Chevron U.S.A. Inc. | | | 4323 |
| 15 Smith Road | | | |
| Midland, Texas 79705 | | | |
| Contact Party | | | Phone |
| Laura Skinner | | | 432-687-7355 |
| Property Name Well Number | | | API Number |
| Vacuum Grayburg San Andres Unit | | 37 | 30-025-02268 |
| UL Section Township Range Feet From The North/South Line Feet From The East | | | West Line County |
| F 2 18-S 34-E 1980 N | orth 1 | | Nest ^{olo} Lea Co |
| II. Workover | | | |
| Date Workover Commenced: Previous Producing Pool(s) (Prior to Workover): | | | |
| Date Workover Commenced: 05-20-03 Date Workover Completed: 05-27-03 Previous Producing Pool(s) (Prior to Workover): Vacuum Grayburg San Andres Date Workover Completed: 05-27-03 | | | |
| Date Workover Completed: | | | |
| Date Workover Completed: 05-27-03 | | | |
| 11 Attach a description of the Werkeyer Presedures performed to increase productive | | | |
| IV. Attach a production decline curve or table showing at least twelve months of production prior to the workeyer and at least | | | |
| three months of production following the workeyer reflecting a positive production in the Access | | | |
| V. AFFIDAVIT: | | | |
| V. AFFIDAVII. | | | |
| State of New Mexico | | | |
|) ss. | | | |
| County of <u>Lea</u>) | | | |
| R. S. Pool 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 made, or caused to be made, a diligent search of the production records reasonably available for this | | | |
| Well. | | | |
| 3. To the best of my knowledge, this application and the data used to prepare the production curve and/or table for | | | |
| this Well are complete and accurate. | | | |
| | | | |
| Signature Title | Technical Tea | m I pader | Date <u>02-19-04</u> |
| oignature ritic_ | r commodi r ca | III LCAUCI | Date |
| SUBSCRIBED AND SWORN TO before me this 19th day of February, 2004 | | | |
| SUBSCRIBED AND SWORN TO before me this TIDE day of February , 2004 | | | |
| HALLA COMMITTEE TO A STATE OF THE STATE OF T | | | |
| LAURA SKINNER MY COMMISSION EXPIRES | | | |
| June 1, 2004 Notary Public | | | |
| My Commission e si de la commission e si de | | | |
| | | | |
| | | ······································ | |
| | •• | | |
| FOR OIL CONSERVATION DIVISION USE ONLY: | | | |
| VI. CERTIFICATION OF APPROVAL: | | | |
| This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division | | | |
| hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the | | | |
| | | | |
| Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on | | | |
| <u> </u> | | | |
| Circultura District Commission | OCD Di-#-:-# | | |
| Signature District Supervisor | OCD District | Date | |
| Land Hard | J | | 2/23/04 |
| 1/cm// | | | 107101 |

DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: ___

APPROVED BY

Conditions of approval, if any:

