SUBSCRIBED AN	ID SWORN TO before me this <u>26 day of September</u> , <u>1996</u> . Notary Public Pam D. Hunt
My Comn	nission expires: 9/13/97
FOR OIL	CONSERVATION DIVISION USE ONLY:
1	VIII. CERTIFICATION OF APPROVAL:
(This Application for Qualification of Well Workover Project is hereby approved and the above referenced Well is designated as a Well Workover Project pursuant to the "Natural Gas and Crude Oil Production Incentive Act" (Laws 1995, Chapter 15, Sections 1 through 8). The Oil Conservation Division hereby verifies the Production projection for thethe Well Workover Project attached to this application. By copy of this Application and Certification of Approval, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project has has been completed as of
	District Supervisor, District
IX.	DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT.

DATE: _

District I - (505) 393-6161 PO Lox 1980 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

New Mexico Ene Minerals and Natural Resour

Minerals and Natural Resources Departme Oil Conservation Division

2040 South Pacheco Street Santa Fe, New Mexico 87505 (505) 827-7131 Submit Original

Form C-140

Originated 11/1/95

Submit Original Plus 2 Copies to appropriate District Office

APPLICATION FOR QUALIFICATION OF WELL WORKOVER PROJECT AND CERTIFICATION OF APPROVAL

THREE COPIES OF THIS APPLICATION AND ALL ATTACHMENTS MUST BE FILED WITH THE APPROPRIATE DISTRICT OFFICE OF THE CONSERVATION DIVISION.

I.	Operator: Texaco Exploration & Production Inc	OGRID #: 022351	
	Address: 205 E. Bender Blvd.; Hobbs, New Mexico 882	40	
	Contact Party: Paul Wilcox	Phone #:(505) 397-0419	
II.	Name of Well: State 'AN' #1	API #: <u>30 025 03101</u>	
	Location of Well: Unit Letter A , 330 Feet from the North Section 7, Township 18S ,Range 35E , NMPM,	line and 990 feet from the East line, Lea County	
III.	Date Workover Procedures Commenced: 08-01-96 Date Workover Procedures were Completed: 08-24-96		
IV.	Attach a description of the Workover Procedures undertaken to increase the projection from the Well.		
V.	Attach an estimate of the production rate of the Well (a production table showing monthly oil and/or gas Project Production) based of production which shows the future rate of production based on we	at least twelve (12) months of octablished	
VI.	Pool(s) on which Production Projection is based: VACUUM ABO		
VII.	AFFIDAVIT:		
	State of N. M.) State of N. M.)		
	Russell S. Pool , being first duly sworn, upon oath stat	es:	
	1. I am the Operator or authorized representative of the Ope	rator of the above referenced Well.	
	2. I have made, or caused to be made, a diligent search of the available and contain information relevant to the product Restoration Project.	ne production records which are reasonably ion history of this Well.	
2	To the best of my knowledge, the data used to prepare the Production Projection for this Well is compl and accurate and this projection was prepared using sound petroleum engineering principles.		
F¥ ■	(Name)		
75 6 1 138	Senior Engineer Hol (Title)	bbs Operating Unit	