

District I - (505) 393-6161
1625 N. French Dr
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
District IV - (505) 827-7131

New Mexico
Energy Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

Form C-140
Revised 06/99

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE

APPLICATION FOR
WELL WORKOVER PROJECT

H-0628

I. Operator and Well

| | | | | | | | | |
|--|---------------|-----------------|--------------|------------------------|---------------------------|-----------------------|----------------------------|---------------|
| Operator name & address CHEVRON U.S.A. INC. P. O. BOX 1150 MIDLAND TX 79702 | | | | | | | OGRID Number 4323 | |
| Contact Party TANYA KERLEY | | | | | | | Phone 915-687-7615 | |
| Property Name MONUMENT "23" STATE | | | | | Well Number 23 | | API Number 30-025-34407 | |
| UL L | Section 23 | Township 19S | Range 36E | Feet From The 1700' | North/South Line SOUTH | Feet From The 869' | East/West Line WEST | County LEA |

II. Workover

| | |
|-------------------------------------|--|
| Date Workover Commenced: 4/23/00 | Previous Producing Pool(s) (Prior to Workover): ABO |
| Date Workover Completed: 5/08/00 | |

III. Attach a description of the Workover Procedures performed to increase production.


IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

V. AFFIDAVIT:

State of Texas)
County of Midland) ss.
Tanya Kerley, being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- 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 Tanya Kerley Title Office Assistant Date 10/24/00
SUBSCRIBED AND SWORN TO before me this 24 day of October, 2000.

 L.M. McMurry
Notary Public

My Commission expires: _____

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 5-8, 2000.

| | | |
|---|--------------------------|---------------------------|
| Signature District Supervisor <u>[Signature]</u> | OCD District <u>1</u> | Date <u>10/30/2000</u> |
|---|--------------------------|---------------------------|

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

MP

Monument "23" State #23
Installation of Pumping Equipment

MIRU. POH w/tubing and existing equipment. RIH w/pump, tubing, and rods.
MI and install surface pumping unit. Hooked up electricity. Start well pumping.
Work performed 4/23/00 – 5/8/00.

