

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-139
Revised 06/99

**SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE**

APPLICATION FOR
PRODUCTION RESTORATION PROJECT

H-0654

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 W. A. RAMSAY NCT-A					Well Number 43		API Number 30-025-04802	
UL C	Section 27	Township 21S	Range 36E	Feet From The 660'	North/South Line NORTH	Feet From The 1980'	East/West Line WEST	County LEA

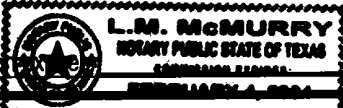
II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): EUMONT	
Date Production Restoration started: 9/7/00	Date Well Returned to Production: 9/21/00
Describe the process used to return the well to production (Attach additional information if necessary): SEE ATTACHED C-103	

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: [] Well file record showing that well was plugged [] ONGARD production data <input checked="" type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)	Month/Year (Beginning of 24 month period): 8/01/98 Month/Year (End of 24 month period): 8/01/00
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IV. Affidavit:

State of <u>TEXAS</u>)) ss. County of <u>MIDLAND</u>) <u>TANYA KERLEY</u> , 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. To the best of my knowledge, this application is complete and correct. Signature <u>Tanya Kerley</u> Title <u>OFFICE ASSISTANT</u> Date <u>1/29/01</u> SUBSCRIBED AND SWORN TO before me this <u>29th</u> day of <u>January</u> , <u>2001</u> . <div style="text-align: right;"><u>L.M. McMurry</u> Notary Public</div> <div style="text-align: left;">My Commission  2-4-04</div>	
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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: 9/21/00

Signature District Supervisor <u>Paul J. Kuntz</u>	OCD District <u>1</u>	Date <u>2/5/01</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

MP

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-102
Revised March 25, 1999

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	WELL API NO. 30-025-04802
2. Name of Operator Chevron U.S.A. Inc.	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEB <input type="checkbox"/>
3. Address of Operator P.O. Box 1150 Midland, TX 79702	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>27</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>LEA</u>	7. Lease Name or Unit Agreement Name: W. A. RAMEY (NCT-A)
	8. Well No. 43
	9. Pool name or Wildcat SUMMIT, YATES-7 RVRB-QUEEN (PRO GAS)
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3551'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: FB TO SUMMIT <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TAGGED CIB @ 3720'; TEST CSG TO 550#. PERFD 3079'-3291' W/3 JEFF. ACED W/2600 GALS 15% HCL. SWABED. TRACO W/57,000 GALS FORM & 175,000# SD. TAGGED SD @ 3577'. SWABED. RIB W/TBG TO 3215'. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 9/7/00 - 9/21/00

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 10/12/00

Type or print name J. K. RIPLEY Telephone No. (915) 687-7148

(This space for State use)

APPROVED BY _____ TITLE _____ DATE OCT 19 2000

Conditions of approval, if any:

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR