

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-0622

(Rejected) past 1 year
deadline

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 R. E. COLE (NCT-A)				Well Number 17		API Number 30-025-25356		
UL P	Section 16	Township 22S	Range 37E	Feet From The 330'	North/South Line SOUTH	Feet From The 757'	East/West Line EAST	County LEA


II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): BLINEBRY	
Date Production Restoration started: 9/27/99	Date Well Returned to Production: 10/01/99
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 [X] OCD Form C-115 (Operator's Monthly Report)	Month/Year (Beginning of 24 month period): 7/94 Month/Year (End of 24 month period): 10/99
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IV. Affidavit:

State of Texas)
County of Midland) ss.
Tanya Kerley, 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 Tanya Kerley Title Office Assistant Date 10/04/00
SUBSCRIBED AND SWORN TO before me this 4th day of Oct, 2000

My Commission expires: _____
Linda M. McMurry
Notary Public

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: 10/11/1999

Signature District Supervisor	OCD District	Date
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: _____

Denied Received 10/10/2000 more than one year
Due no later than 10/11/2000

X

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-103
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.)		WELL API NO. 30-025-25356
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chevron U.S.A. Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1150 Midland, TX 79702		7. Lease Name or Unit Agreement Name: SA-COLE (NCT-A)
4. Well Location Unit Letter P 330 feet from the SOUTH line and 757 feet from the EAST line Section 16 Township 22S Range 37E NMPM County LEA		8. Well No. 127
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat EUNICE; SAN ANDRES, S.W.

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 <input checked="" 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 recompilation.

DISPLACED HOLE W/200 BELLS KCL WTR; TESTED CIEP @ 5450' 500 PSI-HELD OK. PERFD 3774'-3898'. ACZD W/2000 GALS 15% & 200 RCNB'S. SWABBED. RTH W/TBG, FMP & RODS; TBG @ 3984'. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 9/27/99 - 10/1/99

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

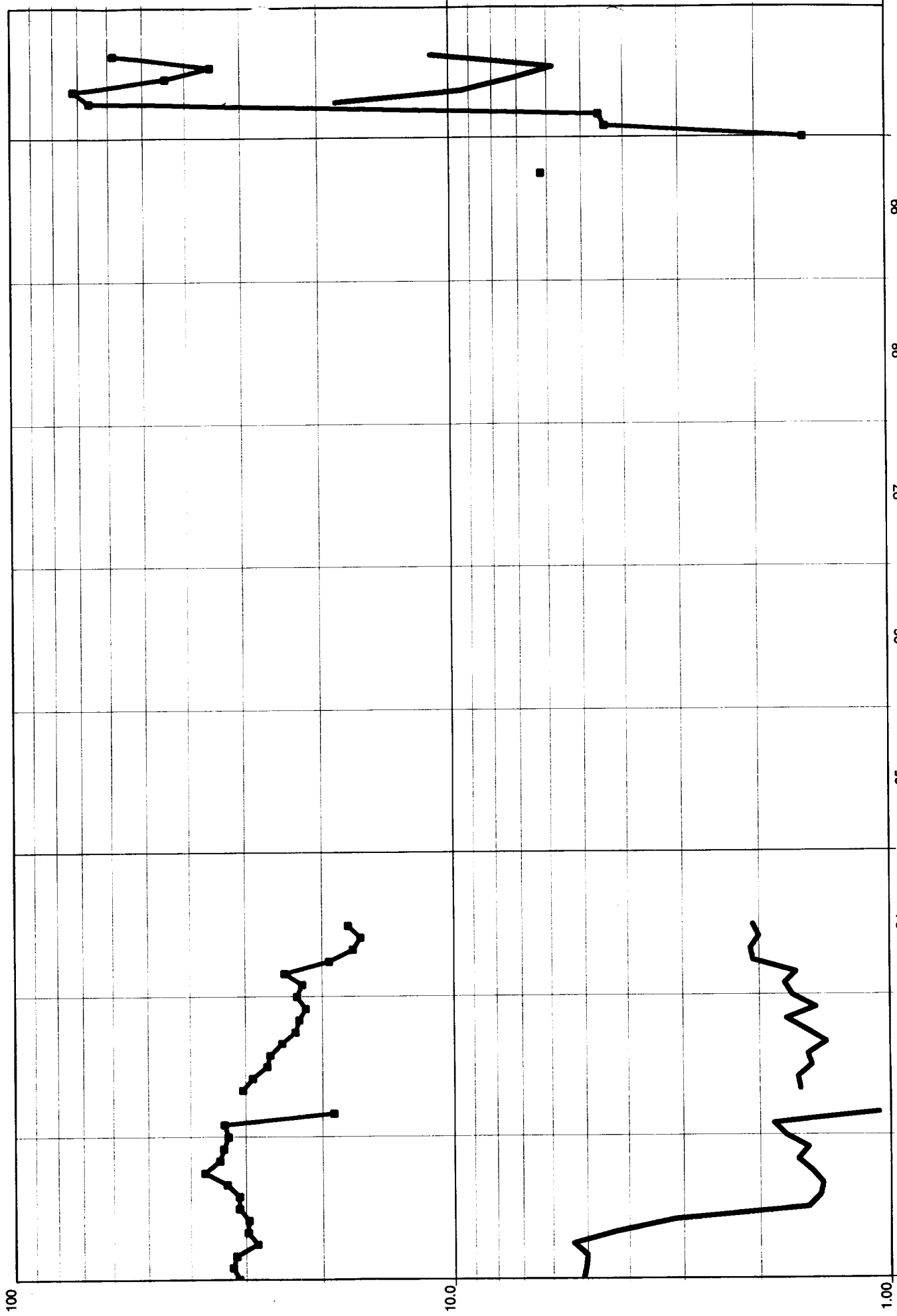
SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 2/23/00

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

(This space for State use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT I SUPERVISOR DATE 2/23/00
Conditions of approval, if any:

Group: Temporary Wells In Group: 3 Format: trk - tax inc format



CDOIL

VS Time

CDGAS