

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(505) 393-6161 Fax:(505) 393-0720

District II  
1301 W. Grand Ave., Artesia, NM 88210  
Phone:(505) 748-1283 Fax:(505) 748-9720

District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-140  
Permit 82989  
Revised June 10, 2003

Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505  
(505) 476-3440

**APPLICATION FOR  
WELL WORKOVER PROJECT**

I. Operator and Well:

|   |         |          |       |                    |                  |                            |                |          |  |
|---|---------|----------|-------|--------------------|------------------|----------------------------|----------------|----------|--|
| Operator name & address<br>XTO ENERGY, INC<br>382 ROAD 3100<br>AZTEC NM 87410 |         |          |       |                    |                  | OGRID Number<br>5380       |                |          |  |
| Contact Party<br>Teena Whiting  |         |          |       |                    |                  | Phone<br>505-333-3176      |                |          |  |
| Property Name<br>KUTZ FEDERAL   |         |          |       | Well Number<br>016 |                  | API Number<br>30-045-33038 |                |          |  |
| UL - Lot  | Section | Township | Range | Feet From The      | North/South Line | Feet From The              | East/West Line | County   |  |
| L   | 33      | 28N      | 10W   | 2175               | S                | 845                        | W              | San Juan |  |

II. Workover:

|  |  |
|--|--|
| Date Workover Commenced:<br>10/16/2007 | Previous Producing Pool(s) (Prior to Workover):<br>OTERO CHACRA (GAS) , BASIN DAKOTA (PRORATED GAS) , BASIN MANCOS |
| Date Workover Completed:<br>10/22/2007 |  |

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.

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

V. Signature:

|  |                       |   |                                  |                            |           |
|--|-----------------------|---|----------------------------------|----------------------------|-----------|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                       |   |                                  |                            |           |
| Signature  | Electronically Signed | Title                                     | Production Accounting Supervisor | Date                       | 10/6/2008 |
| Type or print name Cheryl Moore  |                       | E-mail address Cheryl_moore@xtoenergy.com |                                  | Telephone No. 505-333-3143 |           |

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: 10/22/2007

Signature District Supervisor: Charlie Perrin District 3 Date 10/22/2008

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 10/22/2008