

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 121546  
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>XTO Energy, Inc.<br>Aztec NM 87410 |         |          |       |                    |                  | OGRID Number<br>5380       |                |          |
| Contact Party<br>Dee Johnson                                                     |         |          |       |                    |                  | Phone<br>505-333-3164      |                |          |
| Property Name<br>JOHN SCHUMACHER                                                 |         |          |       | Well Number<br>001 |                  | API Number<br>30-045-09734 |                |          |
| UL - Lot                                                                         | Section | Township | Range | Feet From The      | North/South Line | Feet From The              | East/West Line | County   |
| 7                                                                                | 8       | 30N      | 12W   | 1650               | N                | 1650                       | E              | San Juan |

II. Workover:

|                                       |                                                                                |
|---------------------------------------|--------------------------------------------------------------------------------|
| Date Workover Commenced:<br>1/26/2010 | Previous Producing Pool(s) (Prior to Workover):<br>BASIN DAKOTA (PRORATED GAS) |
| Date Workover Completed:<br>2/1/2010  |                                                                                |

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                                     | Regulatory Compliance Manager | Date                       | 10/11/2010 |
| 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: 2/1/2010

Signature District Supervisor: Charlie Perrin District 3 Date 10/22/2010

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 10/22/2010