#### District I

1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

## District II

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

#### District III

### District IV

# **State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. Santa Fe, NM 87505 (505) 476-3440

| $\mathbf{A}$ | <b>PPLICATION</b> | <u>FOR</u> |
|--------------|-------------------|------------|
| WELL         | WORKOVER          | PROJECT    |

Form C-140

Revised August 1, 2011

Permit

| District III  |                              |                                       | 1220 S. St Francis Dr.  |   |                       |                        |   |                         |  |
|---|------------------------------|---------------------------------------|---|---|-----------------------|------------------------|---|-------------------------|--|
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><u>District IV</u><br>1220 S. St Francis Dr., Santa Fe, NM 87505 |                              |                                       | Santa Fe, NM 87505  |   |                       |                        |   |                         |  |
|   |                              |                                       | 1220 S. St Francis Dr.<br>Santa Fe, NM 87505<br>(505) 476-3440<br><u>APPLICATION FOR</u><br>WELL WORKOVER PROJECT |   |                       |                        |   |                         |  |
|   |                              |                                       |   |   |                       |                        |   |                         |  |
|   |                              |                                       |   | APF                                     | PLICATIO              | N FOR                  |   |                         |  |
|   |                              |                                       |   |   |                       | <u>R PROJEC</u>        | <b>чт</b> — — — — — — — — — — — — — — — — — — — | <b>)</b>                |  |
|   |                              |                                       |   |   | UKKUVE                | <u>A I KUJEC</u>       |   |                         |  |
| I. Operato  | or and Well:                 |                                       |   |   |                       |                        |   |                         |  |
| Operator name & address   |                              |                                       |   | OGRID Number                            |                       |                        |   |                         |  |
| Contact Party   |                              |                                       |   |   |                       |                        | Phone   |                         |  |
|   |                              |                                       |   |   |                       |                        |   |                         |  |
| Property Name   |                              |                                       | W   | Well Number                             |                       |                        | APINumber                                       |                         |  |
| UL - Lot  | Section                      | Township                              | Range   | Feet From The                           | North/South Line      | Feet From The          | East/West Line                                  | County                  |  |
|   |                              |                                       |   |   |                       |                        |   |                         |  |
| II.   | <u> </u>                     |                                       |   | (D) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) |                       | $\mathbf{N}$           |   |                         |  |
| Date Workover   | Commenced:                   | Previous Pro                          | ducing Pool(s)  | (Prior to Workover):                    |                       |                        |   |                         |  |
| Date Workover   | Completed:                   |                                       |   |   |                       | ×                      |   |                         |  |
|   |                              |                                       |   |   |                       |                        |   |                         |  |
| III. Attach   | a description of t           | he Workover Proc                      | edures perform  | ned to increase product                 | tion.                 |                        |   |                         |  |
|   |                              |                                       |   | st twelve months of p                   | oduction prior to the | e workover and at leas | t three months of prod                          | uction following the    |  |
| WORKOV  | er reflecting a po           | ositive production i                  | ncrease.  |   | <b>Y</b>              |                        |   |                         |  |
| V. Signatu  |                              |                                       |   |   |                       |                        |   |                         |  |
|   | that the informat            | ion above is true a                   | · ·   | the best of my knowl                    | edge and belief.      | D                      |   |                         |  |
| Signature   |                              |                                       |   | Title                                   |                       |                        | Date  |                         |  |
| Type or print name  |                              |                                       | E-mail address T  |   |                       | Telephone N            | elephone No.                                    |                         |  |
|   |                              |                                       |   | 0                                       |                       |                        |   |                         |  |
|   | ERVATION DI<br>FICATION OF A | VISION USE ONI                        | LY:   | ×                                       |                       |                        |   |                         |  |
|   |                              |                                       | ne above-refer  | enced well is designate                 | ed a Well Workover    | Project and the Divisi | on hereby verifies the                          | data shows a positive   |  |
|   |                              |                                       | vivision notifie  | s the Secretary of the                  | Taxation and Reven    | ue Department of this  | Approval and certifies                          | that this Well Workover |  |
| Project   | was completed of             | лі:                                   |   |   |                       |                        |   |                         |  |
|   |                              |                                       |   |   |                       |                        |   |                         |  |
|   |                              | $\mathbf{X}$                          |   |   |                       |                        |   |                         |  |
|   |                              |                                       |   |   |                       |                        |   |                         |  |
| Signature D   | vistrict Super               | visor:                                |   | I                                       | District              | Date                   |   |                         |  |
|   |                              | · · · · · · · · · · · · · · · · · · · |   |   |                       |                        |   |                         |  |
| VII DATE  | OF NOTIFIC T                 | TON TO THE SEC                        | DETADVO   | THE TAVATION AN                         | ID DEVENITE DET       | DADTMENT.              |   |                         |  |

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