APPLICATION FOR WELL WORKOVER PROJECT

I. Operator and Well:

Operator name & address

OGRID Number

Contact Party

Phone

Property Name

Well Number

API Number

UL - Lot

Section

Township

Range

Feet From The North/South Line

Feet From The East/West Line

County

II. Date Workover Commenced:

Date Workover Completed:

Previous Producing Pool(s) (Prior to Workover):

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.

V. Signature:

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

Signature

Title

Date

Type or print name

E-mail address

Telephone No.

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:

Signature District Supervisor:

District

Date

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