

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised May 08, 2003

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.

30-045-32064

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

Lease Name or Unit Agreement Name:

BEAVER LODGE COM

8. Well Number

#4

9. OGRID Number

167067

10. Pool name or Wildcat

BLANCO MESAVERDE

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.)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

XTO Energy Inc.

3. Address of Operator

2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401

4. Well Location

Unit Letter F : 1,800 feet from the NORTH line and 2,100 feet from the WEST line

Section 36 Township 31N Range 11W NMPM County SAN JUAN

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

5,195

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: PT PROD CSG ☒

13. 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 recompletion.

XTO Energy Inc. pressure tested 4-1/2" prod csg on 4/23/04 to 1500 psig for 30 min on chart recorder.  
Held OK.

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

SIGNATURE

*Holly C. Perkins*

TITLE

REG COMPLIANCE TECH

DATE

5/7/04

Type or print name HOLLY C. PERKINS

Telephone No. 505-324-1090

(This space for State use)

DEPUTY OIL & GAS INSPECTOR, DIST. 8

MAY 10 2004

APPROVED BY

*Chah*

TITLE

DATE

Conditions of approval, if any: