Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources June 19, 2008 District I WELL API NO. 1625 N French Dr., Hobbs, NM 87240 District II 30-045-34980 OIL CONSERVATION DIVISION 1301 W Grand Ave, Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE X FEE  $\square$ 1000 Rio Brazos Rd , Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM E-6644-22 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A HUERFANO UNIT DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: 8. Well Number Oil Well Gas Well 🔀 Other 2. Name of Operator 9. OGRID Number XIO Energy Inc. 5380 3. Address of Operator 10. Pool name or Wildcat 382 CR 3100 AZTEC, NM 87410 BASIN DAKOTA 4. Well Location 1945 H feet from the NORTH line and 665 feet from the Township Section 16 Range **NMPM** County SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6618' CER 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK ALTERING CASING CHANGE PLANS COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** P AND A CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL 1 DOWNHOLE COMMINGLE OTHER: OTHER: PT PROD CASING  $\overline{\mathbf{x}}$ 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. PT prod casing to 2,500 psig for 25 min. Incr press to 3,850 psig for 5 min w/chart on 11/01/2011 - Tested OK. GIL CONS. DI Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Delenaci TITLE REGULATORY COMPLIANCE TECH DATE 11/03/2011 dee johnson@xtoenergy.com Type or print name DOLENA JOHNSON \_\_ E-mail address: \_\_\_\_\_ PHONE <u>505-333-3100</u> For State Use Only \_\_\_\_\_\_\_\_\_DATE 11/8/11

TITLE\_

Pr

APPROVED BY\_

Conditions of Approval (if any):