

Submit One Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., 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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised November 3, 2011

|  |  |   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
|--|--|---|--------------------------------|------------------------------|--|--|--|--|---|--|---|----------------------------------|--|--|---------------------------------|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)  |  | WELL API NO.<br>30-045-29370  |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| 1. Type of Well: <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other   |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| 2. Name of Operator<br>XTO ENERGY INC.   |  | 6. State Oil & Gas Lease No.  |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| 3. Address of Operator<br>382 CR 3100 AZTEC, NM 87410  |  | 7. Lease Name or Unit Agreement Name<br>GOLDEN BEAR   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| 4. Well Location<br>Unit Letter <u>P</u> : <u>1081</u> feet from the <u>SOUTH</u> line and <u>1031</u> feet from the <u>EAST</u> line<br>Section <u>02</u> Township <u>29N</u> Range <u>13W</u> NMPM _____ County <u>SAN JUAN</u>  |  | 8. Well Number #1   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>5402' GR   |  | 9. OGRID Number<br>5380   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  | 10. Pool name or Wildcat<br>FULCHER KUTZ PICTURED CLIFFS  |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| <table border="0"><tr><td><b>NOTICE OF INTENTION TO:</b></td><td><b>SUBSEQUENT REPORT OF:</b></td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td></tr><tr><td>MULTIPLE COMPL <input type="checkbox"/></td><td>P AND A <input type="checkbox"/></td></tr><tr><td></td><td>CASING/CEMENT JOB <input type="checkbox"/></td></tr><tr><td>OTHER: <input type="checkbox"/></td><td><input checked="" type="checkbox"/> Location is ready for OCD inspection after P&amp;A</td></tr></table> |  |   | <b>NOTICE OF INTENTION TO:</b> | <b>SUBSEQUENT REPORT OF:</b> | PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | P AND A <input type="checkbox"/> |  | CASING/CEMENT JOB <input type="checkbox"/> | OTHER: <input type="checkbox"/> | <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A |
| <b>NOTICE OF INTENTION TO:</b>   | <b>SUBSEQUENT REPORT OF:</b>   |   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>   | REMEDIAL WORK <input type="checkbox"/>   |   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| TEMPORARILY ABANDON <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>   |   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| PULL OR ALTER CASING <input type="checkbox"/>  | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                   |   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| MULTIPLE COMPL <input type="checkbox"/>  | P AND A <input type="checkbox"/>   |   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
|  | CASING/CEMENT JOB <input type="checkbox"/>   |   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |
| OTHER: <input type="checkbox"/>  | <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A |   |                                |                              |  |  |  |  |   |  |   |                                  |  |  |                                 |  |

RCVD MAR 22 '13  
OIL CONS. DIV.  
DIST. 3

**OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.**

- ☒ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- ☒ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
- ☒ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
- ☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- ☒ All other environmental concerns have been addressed as per OCD rules.
- ☒ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
- ☒ If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE Sherry J. Morrow TITLE REGULATORY ANALYST DATE 3/20/2013

TYPE OR PRINT NAME SHERRY J. MORROW E-MAIL: sherry\_morrow@xtoenergy.com PHONE: (505) 333-3630  
For State Use Only

APPROVED BY: Paul Wicke TITLE Deputy Oil & Gas Inspector,  
Conditions of Approval (if any): District #3 DATE 5-6-2013  
AV