State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources May 27, 2004 District I WELL API NO. 1625 N French Dr., Hobbs, NM 87240 30-045-34214 District II OIL CONSERVATION DIVISION 1301 W Grand Ave, Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE \[\] FEE x 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 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 DANBURG GAS COM B DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator 9. OGRID Number XTO Energy Inc. 5380 3. Address of Operator 10. Pool name or Wildcat BASIN DAKOTA 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 4. Well Location Unit Letter __ H feet from the__ 1445 feet from the NORTH line and line Township 30N Range SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5626' · . 756.4308 Pit or Below-grade Tank Application or Closure ____ Depth to Groundwater ___ ____ Distance from nearest fresh water well ______ Distance from nearest surface water _____ Pit Liner Thickness: _ Below-Grade Tank: Volume _____bbls; Construction Material _ 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON CHANGE PLANS PLUG AND ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** X OTHER: OTHER: 1ST DELIVERY 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. first delivered this well to Enterprise @ 10:00 a.m. on 6/20/07. Initial flow rate was 750 MCFPD. RCVD JUL 24°07 nn cons. DIV. DIST. 3 I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade tank has been/will beconstructed or closed according to NMOCD guidelines _____, a general permit _____or an (attached) alternative OCD-approved plan _____ SIGNATURE. TITLE REGULATORY COMPLIANCE TECH DATE E-mail address: lorri bingham@xtoenergy.com Type or print name LORRI D. BINCHAM Telephone No. 505-324-1090 For State Use Only cepted for recordance. _DATE_

Conditions of Approval, if any