Submit 3 Copies To Appropriate District	State of New Me		;	Form C-103
Office District I	Energy, Minerals and Natu	iral Resources	WELLADING	June 19, 2008
1625 N French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION		WELL API NO. 30-045-34733	
1301 W. Grand Ave, Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd, Aztec, NM 87410			STATE 🗷	FEE 🗌
District IV 1220 S St Francis Dr., Santa Fe, NM 87505	,		6. State Oil & Gas	Lease No.
	CES AND REPORTS ON WEI	ILS	7 Lease Name or I	Jnit Agreement Name:
(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)			STEWART 2	sint rigicoliteit (value)
1. Type of Well: Oil Well Gas Well X Other			8. Well Number #1	
2. Name of Operator XTO Energy Inc.			9. OGRID Number 5380	
3. Address of Operator			10. Pool name or Wildcat	
382 CR 3100 AZTEC, NM 87410			BASIN FRUITIAND COAL	
4. Well Location				
Unit Letter D:	700' feet from the NO	RTH line and	820' feet from	n the WEST line
Section 2		Range 11-W	NMPM NMPM	County SAN JUAN
19 19 19 19 19 19 19 19 19 19 19 19 19 1	11. Elevation <i>(Show whether</i>	DR, RNB, R1, GR, et	C.)	
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other D	Data
NOTICE OF INTENTION TO: SUB			SEQUENT REP	ORT OF:
			ALTERING CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK			<del></del>
TEMPORARILY ABANDON	CHANGE PLANS			P AND A
PULL OR ALTER CASING	MULTIPLE COMPL L	CASING/CEMENT J	ОВ 🔲	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: PT PROD	CSG	X
13. Describe proposed or complete of starting any proposed work). or recompletion.	d operations. (Clearly state all persons SEE RULE 1103. For Multiple	_	-	_
	tested 5-1/2" production o	asing on 09/11/200	08 to 2,500 psig f	7/30 min w/chart.
Increased pressure to 3,8	50 f/5 min. Tested OK.		Dati	nero de la c
				D SEP 19'08
				L CONS. DIV.
				DIST. 2
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information	above is true and complete to the	e best of my knowledg	e and belief.	
SIGNATURE Dolana Cja	TITTIT			DATE <u>09/18/2008</u>
Type or print name <u>DOLENA JOHNSO</u>	<b>N</b> E-m	dee_johnson@xta nail address:	<del></del>	PHONE <u>505–333–3100</u>
For State Use Only		Deputy Oil & G	as Inspector,	SEP 2 3 2008
APPROVED BY  Conditions of Approval (if any)	TI	TLE	D	ATE
Conditions of Approval (if any):			di .	
			<b>₽</b> ⁄	