Submit 3 Copies To Appropriate District	State of New Me					F	orm C-10	3
Office Ener	gy, Minerals and Natu	ral Resour	rces				June 19, 200	18
1625 N. French Dr., Hobbs, NM 87240				WELL API NO.				
1301 W. Grand Ave., Artesia, NM 88210	Grand Ave., Artesia NM 88210 OIL CONSERVATION DIVISION			30-045-34060 5. Indicate Type of Lease				
District III 1220 South St. Francis Dr.								
1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505 District IV.				STATE FEE X				
1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State O	il & Gas Lea	se No.		
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.)				7. Lease Name or Unit Agreement Name: SE MOUNDS				
1. Type of Well: Oil Well Gas Well X Other				8. Well Number #2				
2. Name of Operator				9. OGRID Number				
XTO ENERGY INC.				5380				
3. Address of Operator				10. Pool name or Wildcat				
382 CR 3100 AZTEC, NM 87410				BASIN FRUITLAND COAL				
4. Well Location								
Unit Letter <u>L</u> : 1590'	feet from theSOT	TH lin	ne and	935'	feet from the	WE	ST lir	ie
Section 6		Range	13-W_	NMPM	Co	ounty	SAN JUAN	_
11. E	levation <i>(Show whether</i> 5	DR, RKB, F 435'	RT, GR, etc	·.)				
12. Check Appropr	riate Box to Indicate	Nature of	Notice, R	Report, or	Other Data	l		
				•				
NOTICE OF INTENTION TO: SUB				SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					☐ Al	TERING	CASING [
TEMPORARILY ABANDON				NG OPNS.	Р	AND A	[
PULL OR ALTER CASING MUL	TIPLE COMPL	CASING/C	CEMENT JO	ЭB				
DOWNHOLE COMMINGLE								
OTHER:		 	1ST DELIV					X
13. Describe proposed or completed operat of starting any proposed work). SEE R or recompletion.								
XTO Energy Inc. first delivered	this well to Enterp	rise @ 10	:15 a.m.,	Wednesday				
IFR 188 MCFPD.						DEC 1		
Enterprise mtr #88663					The state of the s	COMS.		
-	_	1- 1-				DIST, 1	Ē	
XTO Energy started pumping unit	@ 11:00 a.m., Monda	y, 12/1/2	008. Ppg	@ 5.5 x	54 SPM.			
		Γ						
Spud Date:	Rig Relea	ase Date:						
I hereby certify that the information above is		e best of my	knowledge	and belief				
SIGNATURE BANTAN A.	<u> Nicol</u> TIT	LE	REGULATO	ORY CLERK	DA	TE1:	2/11/2008	
Type or print name BARBARA A. NICOL	E-n	barbara nail address:	nicol@xt			ONE <u>50</u>	<u>5-333-310</u>	0_
For State_Use_Only	_							
APPROVED BY accepted for to	ecred ti	TLE			DAT	Е		
APPROVED BY <u>uccepted</u> for <u>k</u> Conditions of Approval (If any):	n ist							

B 12/12