Submit 3 Copies To Appropriate District Office	State of New Me	exico	cord Cle	Form C-103
District I	Energy, Minerals and Natural Resources		WELL API NO.	June 19, 2008
1625 N French Dr , Hobbs, NM 87240 District II	OIL CONSERVATION	N DIVISION	30-045-30955	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fra		5. Indicate Type of	of Lease
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87		STATE [FEE x
District IV 1220 S St Francis Dr., Santa Fe, NM			6. State Oil & Ga	s Lease No.
87505				
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 RPC 17	Unit Agreement Name:
1. Type of Well: Oil Well Gas Well X Other			8. Well Number	#4
2. Name of Operator			9. OGRID Number	
XTO ENERGY INC.			5380	
3. Address of Operator			10. Pool name or Wildcat BASIN FRUITLAND COAL	
382 CR 3100 AZTEC, NM 87410 4. Well Location			BASIN FRUITLAN	D COAL
Unit Letter O:	562 feet from the SOU	Ine and	1392 feet fro	om the EAST line
Section 17	Township 29-N	Range 13-W	NMPM nm em	County SAN JUAN
Section 17	11. Elevation (Show whether)			County SAN JUAN
5264 GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
		1		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	RILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRILL			P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ов 🗆	
DOWNHOLE COMMINGLE				
				•
OTHER:		OTHER: 1ST DELV	FC	X
13. Describe proposed or complete of starting any proposed work). or recompletion.	d operations. (Clearly state all pe SEE RULE 1103. For Multiple			
XTO Energy Inc. 1st deliv 09/18/2009. IFR of 15 MC	ered the Basin Fruitland Co	oal zone of this w	well to Enterpria	se @ 11:30 a.m.,
Enterprise mtr: #91902112			D	CVD SEP 28 '09
Enterprise McI: #91902112		•	(
			P. C. S.	DIL CONS. DIV.
				DIST. 3
<u> </u>				 1
Spud Date:	Rig Relea	ise Date:		
I hereby certify that the information	above is true and complete to the	best of my knowledg	e and belief.	
SIGNATURE Dolon C Jal	TIT	LE REGULATORY C	OMPLIANCE TECH	DATE <u>09/25/2009</u>
orona in the same of the same	1111	dee johnson@xto		- DAID
Type or print name DOLENA JOHNSO	<u>N</u> E-m	ail address:		PHONE <u>505-333-3100</u>
For State Use Only				
APPROVED BY Accepted	for Record Tim	TLE		DATE
Conditions of Approval (if any):				