Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION	NDIVISION	30-045-25951	
1301 W. Grand Δve , Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		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				77
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)			/. Lease Name of MCWHORTER DUNC	Unit Agreement Name:
1. Type of Well: Oil Well Gas Well X Other			8. Well Number #1	
2. Name of Operator			9. OGRID Number	
XTO Energy Inc.			5380	
3. Address of Operator 382 CR 3100 Aztec, NEW MEXICO 87410			10. Pool name or Wildeat BASIN DAKOTA	
4. Well Location			· BASIN DAROIA	
Unit Letter K:	1565 feet from the SO	JTH line and	1820 feet fro	om the WEST line
Section 10	Township 29N	Range 14W	NMPM	County SAN JUAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5376 GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO				
NOTICE OF INTENTION TO:			SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			ALTERING CASING	
TEMPORARILY ABANDON			ING OPNS. 🔲	P AND A
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE				
OTHER:		OTHER: RWITP		X
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., has returned this well to production @ 8:00 a.m. 5/2/2010. RCVD MAY 6'10 OIL CONS. DIV.				
				DST. 3
				ridi: t
Spud Date:	Rig Rele	ase Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE John M. Whiting TITLE REGULATORY COMPLIANCE TECH DATE 5/5/2010				
Type or print name TEENA M. WHIT	TING E-n	teena_whiting@x nail address:		_ PHONE <u>505-333-3100</u>
For State Use Only District #3 NAV O C 2010				
APPROVED BY / PWOLE	E Lulling Tr	TLE	311101 # U	DATE MAY 0 6 2010
Conditions of Approval (if any):	7			