Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Revised March 25, 1999 Energy, Minerals and Natural Resources Office WELL API NO. District.1 1625 N. French Dr., Hobbs, NM 87240 30-045-30833 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco FEE 😠 STATE District III Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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 DAVIS GAS COM F PROPOSALS.) 1. Type of Well: Gas Well X Other Oil Well 8. Well No. 2. Name of Operator XTO Energy Inc. 9. Pool name or Wildcat 3. Address of Operator Basin Dakota Farmington, NM 87401 2700 Farmington Ave., Bldg. K. Ste 1 4. Well Location line 795 feet from the SOUTH line and feet from the 1785 Unit Letter SAN JUAN County **NMPM** 11W Township 29N Range Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5578' KB 5564' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK **PLUG AND** COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON ABANDONMENT CASING TEST AND MULTIPLE **PULL OR ALTER CASING CEMENT JOB** COMPLETION  $\mathbf{x}$ OTHER: SET CLBP OVER DK PERFS OTHER: 12. 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 recompilation. 4/27/02: Set CIBP @ 6,093'. Press tested CIBP to 1,000 psig. Held OK. NOTE: APD included both Basin Dakota & Armenta Gallup pools. Well recompleted to Gallup. Plan to drill out plug and downhole commingle at a later date. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 5/6/02 TITLE Operations Engineer DATE.

Type or print name RAY MARTIN

(This space for Section 1)

Conditions of approval, if any:

APPROVED BY

505-324-1090

Telephone No.

or moreover per MAYEL