Submit 3 Copies To Appropriate District	State of New		1	Form C-10		
Office District I	Energy, Minerals and Natural Resources		WELLADINO	Revised March 25, 199	99 7	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO. 30-045-30834			
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		1	
District III	2040 South I		STATE	FEE 🔀		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NN		State Oil & Gas Lo		┪	
2040 South Pacheco, Santa Fe, NM 87505		2002	o State Off & Gas Le	sase no.		
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPORT RESERVOIR. USE "APPLICATION PROPOSALS.) 1. Type of Well:		VEILS JAN SIVE	7 ease Name or Un	nit Agreement Name:		
Oil Well Gas Well X	Other	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8. Well No.		-	
2. Name of Operator		- CEU 30 - 20 -				
XTO Energy Inc.				9. Pool name or Wildcat		
3. Address of Operator 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401			BASIN DAKOTA			
4. Well Location	K. Ste I Familiagon, I	W1 07 103.				
Unit Letter 0 :	805feet from the	SOUTH line and	1730 feet from	the EAST lin	ıe	
Section 21	Township 29N	Range 10W	NMPM	County SAN JUAN		
Section	10. Elevation (Show whet					
11. Check A	Appropriate Box to Indic	cate Nature of Notice,	Report, or Other D)ata		
NOTICE OF INT		SUB	SEQUENT REPO	ORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB				
OTHER:		OTHER: PT 4-1/2	" PRODUCTION CSG		X	
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.						
12/8/01: MIRU Three Rive minutes. Held OK. RDMO	ers pmp trk. Pressure t	ested 4-1/2" product	ion casing to 3,800) psig for 30		
initiates. Tera and	berb, order					
					_	
I hereby certify that the information above	e is true and complete to the be	st of my knowledge and beli	ef.		_	
P. m -				1/0/02		
SIGNATURE Your Car	<u> </u>	TITLE OPERATIONS ENG	INEER D	ATE 1/8/02	_	
Type or print name RAY MARTIN		 		ne No. 505-324-1090	_	
(This space for State use)	DY CHOSTA ST. PERSON	OFFITY OF R	AS INSPECTOR, DIST.	18 JAN - 9 200	2	
APPROVED BY	TOTAL I. PEPER	TITLE	DA	TE <u>~ ∠UU</u> <u>∠</u>	<u>_</u>	