Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and I	Natural Resources	WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION		30-015-31402	
1301 W. Grand Ave , Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
	CES AND REPORTS ON	WELLS	7. Lease Name or	Unit Agreement Name:
(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.)			Remuda Basin S	Unit Agreement Name tate RECEIVED
1. Type of Well: Oil Well ☑ Gas Well □ Other			8. Well Number	DEC 2 3 2009
2. Name of Operator			9. OGRID Numbe	NMOCD ARTES!
XTO Energy, Inc.				5380
3. Address of Operator			10. Pool name or Wildcat Nash Draw; Delaware/BS (Avalon Sand)	
200 N. Loraine, Ste. 800 4. Well Location	Midland, TX 79701		I Nash Draw; Del	dware/85 (Avaion Sand)
_	40001		00101	
Unit Letter F:	1980' feet from the	North line and	2310' feet fro	om the West line
Section 31	Township 23S	Range 30E	NMPM	County Eddy
F. N.	11. Elevation (Show whe		tc.)	
<u></u>				
12. Check A	ppropriate Box to Indic	ate Nature of Notice,	Report, or Other	Data
NOTICE OF INT	ENTION TO:	l SUE	SEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
		_		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL L	CASING/CEMENT	IOB 📙	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: Temporar	v Abandon	X
13. Describe proposed or complete	d operations (Clearly state a			
of starting any proposed work). or recompletion.	=	-	-	
XTO requests permission t			#13 wellbore. We	are evaluating
converting this well to a	Salt Water Disposal We		TENCION	to the second
THE STATIK WILL THE	COMITED UNTIL	FINAL T/A EX		007
TH STATUS WILL THE 4/22/2010 AFRER A MIT TEST. CONTACT	+ Successiful	Well must be ret	urned to beneficial u	se or a
MIT DEST CONTROL	THE OCD ID	P/A plan submitt	ed prior to	2010
SUMPLUS THE TES	TSO T MAN BE	I MORE IC		
WITHESSED,		THE IS	, MO. 1720M TA	= 10/22/09
				10/2901
Spud Date:	Rig F	Release Date:	***************************************	
I hereby certify that the information	shove is true and complete +	o the heet of my lenguiled	re and halief	
1/) `	o the best of my knowledg	ge and benefic.	
SIGNATURE LUSTY	Nard	TITLE Regulato	ory Analyst	DATE 12/22/09
		kristy_ward@xt		
Type or print name Kristy Ward		E-mail address:		_PHONE <u>432-620-6740</u>
For State Use Only				,
APPROVED BY RUGARD IN	148	TITLE COMPLIAN	of Officer	DATE 12/29/09

Conditions of Approval (if any):