Submit 3 Copies To Appropriate District	State of Nev							Form C-1	03
Office District I	Energy, Minerals and	Natu	ral Reso	urces			Revi	ised March 25, 19	999
1625 N. French Dr., Hobbs, NM 87240			U		WELL AP				
DISTRICT OIL CONSERVATION DIVISION					30-045-31065				
811 South First, Artesia, NM 87210 District III 2040 South Pacheco					5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV					STATE 🕱 FEE 🗌				
2040 South Pacheco, Santa Fe, NM 87505					6. State Oi	1 & Gas !	Lease No	0.	
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 Unit Agreement Name: STATE GAS COM				
1. Type of Well: Oil Well Gas Well X Other									
2. Name of Operator					8. Well No.				
XTO Energy Inc.					#2				
3. Address of Operator					9. Pool nai	me or Wi	ldcat		
2700 Farmington Ave., Bldg. 4. Well Location	K. Ste 1 Farmington,	NM 8	37401		AZTEC PC	/ BASIN	FTC		-
Unit Letter <u>K</u> :	1620 feet from the	SOU	TH	line and	1480	feet fron	ı the	WEST lin	ıe
Section 32	Township 31		Range	12W	NMPM		County	y san Juan	
	10. Elevation (Show wh		<i>DR, RKB</i> 12'GR	, RT, GR, etc	c.)				
11. Check	Appropriate Box to Ind			of Notice,	Report, or	Other	Data	ANTANIA MANAKANIA MANAKANIA MA	اعتما
					SEQUEN			ϽF·	
PERFORM REMEDIAL WORK	•		REMED	IAL WORK	OLGOL.			RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		СОММЕ	NCE DRILLI	CE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING CEMEN	TEST AND					
OTHER:			OTHER	PRESSURE	TESTED PRO	DUCTION	1 CSG		X
12. Describe Proposed or Complet of starting any proposed work) or recompilation.									
1/10/03: Pressure tested	4-1/2" production casi	ing t	o 3800 p	esig for 30	". Held (OK.	•		
TO 18 16 77 78 70 70 70 70 70 70 70 70 70 70 70 70 70									
				68 9		1000 M			
				A CANON	2 00 C	7			
I hereby certify that the information above	e is true and complete to the b	est of	my knowle	edge and belie	C. C				_
SIGNATURE Dawn St	w	. TITI	<u>e regui</u>	ATORY SUPE	RVISOR	Г	DATE_	1/16/03	_
Type or print name DARRIN STEED						Telepho	ne No.	505-324-1090)
(This space for State use)	7	OFD	IIIV ~				JAN	V 2 1 2003	-
APPROVED BY Conditions of approval, if any:	<u></u>	_ TIT	LE	r sas inster	TOR. MST.	<u>23</u> DA	ATE	· ~ 1 (UU)	