Submit 3 Copies To Appropriate District Office				Form C-103 Revised March 25, 1999		
District I 1625 N. French Dr., Hobbs, NM 87240	et I			WELL API NO.		
District II 811 South First, Artesia, NM 87210	1 South First Artesia NM 87210 OIL CONSERVATION DIVISION			30-045-31217 5. Indicate Type of Lease		
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE \(\square\) FEE \(\overline{			
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas/Lease No.			
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.) 1. Type of Well:			7. Lease Name or Unit Agreement Name: Bruington Gas Com C			
Oil Well Gas Well X	·					
2. Name of Operator			8. Well No.			
XTO Energy, Inc. 3. Address of Operator			9. Pool name or Wildcat			
2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401			Blanco Mesaverde / Basin Dakota			
4. Well Location Unit Letter G: 1900 feet from the North line and 1480 feet from the East line						
Section 21	Township 30N	Range 11W	NMPM	County San	Juan	
	. Elevation (Show whether				0000000	
5,808¹ GR						
11. Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUBSI					•	
	TION TO: .UG AND ABANDON	REMEDIAL WORK	SEQUENT F	CEPURT OF: ☐ ALTERING CAS	ING 🗀	
	HANGE PLANS	COMMENCE DRILL	ING OPNS.	☐ PLUG AND		
	ULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		ABANDONMEN	Т	
OTHER:		OTHER: Pressure	Test Prod Cso	•	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.						
Pressure tested 5-1/2" prod csg to 1,500 psig for 30 minutes on chart (OCD tst). Held OK.						
			FEB 200	3		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Warrin Ste	тп	TLE REGULATORY SUP	ERVISOR	DATE2/6/0	13	
Type or print name DARRIN STEED			Tel	ephone No. (505)324	1-1090	
(This space for State use))	DEPUTY US S SAS P	TO A STATE OF THE	FEB - 6 200	าข	
APPROVED BY Mula / Conditions of approval, if any:	TI	TLE		DATE U ZU	<u> </u>	