State of New Mexico Æorm C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Bevised May 08, 2003 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-045-32041 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE | FEE 😠 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES 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.) 8. Well Number 1. Type of Well: Oil Well Gas Well X Other #7R 9. OGRID Number 2. Name of Operator XTO Energy Inc. 167067 10. Pool name or Wildcat 3. Address of Operator 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 4. Well Location Unit Letter 6801 feet from the line and 1,160' feet from the_ line Section 07 Township 30N Range 12W County SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5,690' GL 12. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. [**PLUG AND ABANDONMENT** CASING TEST AND PULL OR ALTER CASING MULTIPLE COMPLETION **CEMENT JOB** OTHER: OTHER: PT PROD CSG \mathbf{x} 13. 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 recompletion. XTO Energy Inc. pressure tested 4-1/2" production casing on 5/12/04 to 1500 psig for 30 min on chart recorder. Held OK. I hereby certify that the infor hation above is true and complete to the best of my knowledge and belief. REGULATORY COMPLIANCE TECH DATE SIGNATURE. TITLE_ Type or print name HOLLY C. PERKINS Telephone No. 505-324-1090 MAY 18 2004 DEPUTY CIL & GAS INSPECTOR, DIST ED DATE (This space for State use) APPROVED BY Conditions of approval, if any: