State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised May 08, 2003 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-045-32109 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 \square 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 STATE GAS COM BC 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 3 2. Name of Operator 9. OGRID Number 167067 XIO Energy Inc. 3. Address of Operator 10. Pool name or Wildcat BASIN FRUITLAND COAL 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 4. Well Location 1530 line and _ 1760 feet from the feet from the line **NMPM** Section 32 Township 31N Range 12W County SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING** CASING TEST AND **MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: PRESSURE TEST CASING 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 6/9/04 to 1500 psig for 30 minutes on chart. Held OK. I hereby certify that the informat above is true and complete to the best of my knowledge and belief. SIGNATURE_ TITLE REGULATORY COMPLIANCE TECH DATE Type or print name HOLLY C. PERKINS Telephone No. 505-324-1090 (This space for State use) DEPUTY OIL & GAS INSPECTOR, DIST. FOATE JUN 1 4 2004 APPROVED BY TITLE_

Conditions of approval, if any: