Form C-103 State of New Mexico 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 30-045-07921 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III FEE 🖈 STATE Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 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 LEFKOVITZ GAS COM DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Gas Well 1X Oil Well Other 9. OGRID Number 2. Name of Operator 167067 XIO Energy Inc. 10. Pool name or Wildcat 3. Address of Operator AZTEC PICTURED CLIFFS 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 4. Well Location 790 NORTH 805 Unit Letter feet from the line and feet from the line **NMPM** Section 25 **Township** 29N Range 10W 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 ALTERING CASING REMEDIAL WORK COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON CHANGE PLANS** PLUG AND **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE** COMPLETION CEMENT JOB OTHER: OTHER: RWITP 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. Per NMOCD request that this well be brought into compliance with Rule 201, XTO Energy Inc. has returned this well to production in the following manner: Moved in and set compressor. Connected to existing 2" suction line & discharge line. Started compressor and returned well to production @ 3:30 p.m., 5/21/04. I hereby certify that the information 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 BEPUTY OIL & GAS INSPECTOR, DIST. DANUN 14 2004 (This space for State use) APPROVED BY TITLE Conditions of approval, if any: