Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office	Energy, Minerals and Natural Resources		Revised May 08, 2003	
1625 N. French Dr., Hobbs, NM 87240	District I 1625 N. French Dr., Hobbs, NM 87240		WELL API NO.	
District II OIL CONSERVATION DIVISION		30-045-32287		
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE 🕱 / FEE 🗆	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Le	ase No.
SUNDRY NOTICES AND REPORTS ON WELLS			7 Loggo Nome or Uni	it Agragment Nomes
(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 "BI"	
1. Type of Well:			8. Well Number	
Oil Well Gas Well X Other			#4	
2. Name of Operator			9. OGRID Number	
XTO Energy Inc.			167067	
3. Address of Operator	. F. Che 1 Harmington N	w 07461	10. Pool name or Wile	dcat
2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 4. Well Location				
Unit Letter C: 887' feet from the NORTH line and 1,535' feet from the WEST line				
Section 16		Range 13W		County SAN JUAN
	11. Elevation (Show whether		(c.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTE		1	SEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	-	ALTERING CASING
	<u> </u>			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	/	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE L	CASING TEST AND CEMENT JOB	Ш	
OTHER:		OTHER: PRESSURE	TEST PROD CSG	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 to 1500 psig on 7/19/04 for 30 minutes on chart. Held OK.				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Willy C.	Terkins TIT	TLE REGULATORY C	OMPLIANCE TECH DA	ATE 8/2/04
1	Thic			
Type or print name HOLLY C. PERK (This space for State use)	THO			No. 324-1090
PI VA	\checkmark' _	DEPUTY OIL & GAS	inspector, dist. 🚱	AUG - 4 2004
APPROVED BY Conditions of approval, if any:	TIT	TLE	DA1	re <u> </u>