Submit 3 Copies To Appropriate District Office	State of New/Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240 District II	int II		WELL API NO. 30-045-32289	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE		
District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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			7. Lease Name or Unit Agreement Name STATE GAS COM BE	
PROPOSALS.)  1. Type of Well: Oil Well Gas Well X Other			8. Well Number 3	
2. Name of Operator XTO ENERGY INC.			9. OGRID Number	
3. Address of Operator			167067 10. Pool name or Wildcat	
2700 FARMINGTON AVE, SUITE K-1, FARMINGTON, NM 87401			10. 1 oor hame or windcat	
4. Well Location				
Unit Letter O : 980 feet from the SQUTH line and 1660 feet from the EAST line				
Section 16 Township 30N Range 13W NMPM County SAN JUAN				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
Pit or Below-grade Tank Application  or Closure				
Pit typeDepth to Groundv	vaterDistance from nearest fr	esh water well Di	stance from nearest surface water	
Pit Liner Thickness: mil	Below-Grade Tank: Volume	bbls; C	Construction Material	
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				
			RILLING OPNS. P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	NT JOB	
OTHER:		OTHER: PRE	ESSURE 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 on 10/14/04 to 1500 psig for 30 minutes. Increased pressure to 3800 psig for 5				
minutes per OCD requirements. Held OK.				
OCT 20 (3)				
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/wfil be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.				
TITLE REGULATORY COMPLIANCE TECH DATE 10/26/04  Type or print name HOLLY C. PERKINS E-mail address: Holly perkins@xtoenergy.com Telephone No. 505-324-1090				
For State Use Only				
Of the Party of th				
APPROVED BY: Charles TITLE DATE 2 2 2004. Conditions of Approval (if any):				