Submit 3 Copies To Appropriate District Office	State of New Me			Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natu	rai Resources	WELL API NO.	June 19, 2008
District II OII CONSERVATION DIVISION			30-0458-2	
District III 1301 W. Grand Ave, Artesia, NM 88210 1220 South St. Francis Dr.			5. Indicate Type of	. 1
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505	STATE	FEE 🔼
1220 S St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas I	Lease No.
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ES AND REPORTS ON WEI SALS TO DRILL OR TO DEEPEN (ATION FOR PERMIT" (FORM C-10	OR PLUG BACK TO A	l	nit Agreement Name: E
1. Type of Well: Oil Well Gas Well X	Other 8910111	21314757 2017	8. Well Number #1E	
2. Name of Operator XTO ENERGY INC.	18 SE		9. OGRID Number 5380	1
3. Address of Operator	m on star	1/KA (9)	10. Pool name or W	
382 CR 3100, AZTEC, NM 87	410 E OI CONS. OIL	20, 0 8	BASIN DAKOTA/OTE	RO CHACRA
4. Well Location	1000	Dio N		
Unit Letter ::	2020' feet from Soc	JTH dine and	670' feet from	the EAST line
Section 30	Township 30N	Range 12W	NMPM	County SAN JUAN
	11. Elevation (Show whether 5	DK, KKB, K1, GK, et	c.)	
12. Check Ap	opropriate Box to Indicate	Nature of Notice,	Report, or Other D	ata
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT REP	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK	\mathbf{x}	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	-	P AND A
· · · · · · · · · · · · · · · · · · ·	_		• . =	
PULL OR ALTER CASING	MULTIPLE COMPL L	CASING/CEMENT J	ОВ	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: STATUS		X
13. Describe proposed or completed of starting any proposed work). or recompletion.				
XTO Energy has performed t				:
5/31/11 MIRU. TOH w/tbg, 9				
Est 2nd csg lk fr/3891' - Ran GR/CCL/CBL. Logged fr				
Energy Inc. would like to				
plans.		_ ,		
* Submit CBLs for 1	review			
				7
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information be	bove is true and complete to the	best of my knowledg	ge and belief.	_
SIGNATURE (VIL)	TIT	T		OATE6/14/11
Type or print name LORRI D. BING	-E-n	Lorri_bingham@xt nail address:		PHONE <u>505-333-3204</u>
For State Use Only				1 21 2
APPROVED BY	TI'	ΓLE	D	ATE 6-24-1
Conditions of Approval (if any):	A			