Submit 3 Copies To Appropriate District Office	Stat	irces	Form C-103 June 19, 2008						
Office Energy, Minerals and Natural Resources District I 1625 N. French Dr., Hobbs, NM 87240					WELL API NO.				
District II	OIL CONSERVATION DIVISION					30-045-35220			
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 District IV	Santa Fe, NM 87505				STATE FEE x				
1220 S. St. Francis Dr, Santa Fe, NM 87505	S. St. Francis Dr , Santa Fe, NM					6. State Oil & Gas Lease No. N/A			
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)						В			
1. Type of Well: Oil Well Gas Well X Other					8. Well Number				
2. Name of Operator						9. OGRID Number			
XTO Energy Inc.						5380			
3. Address of Operator						10. Pool name or Wildcat			
382 CR 3100 AZTEC, NM 87410 4. Well Location						BASIN DK/BLANCO MV/ARMENTA GAL.			
Unit LetterB:	feet from	m the NO	2 <b>TH</b> ]	ine and	1505	feet from	the EA	ST line	
Section 28	Townsh	nip <b>29N</b>	Range	10W	NMPM	NMPM	County	SAN JUAN	
	11. Elevation (S					<b>拉斯特</b>	NS S		
		549	3' GR					\$201996.HS.W	
12. Check A <sub>1</sub>	ppropriate Box	to Indicate	Nature o	f Notice, F	Report, or	Other Da	ata		
NOTICE OF INT	ENITION TO:		i	CLID	SEQUEN	IT DEDA	OPT OF		
					SEQUEI				
PERFORM REMEDIAL WORK	PLUG AND ABA	NDON 🔲	REMEDIA	AL WORK			ALTERING	CASING	
TEMPORARILY ABANDON	CHANGE PLAN	s 🗆	COMME	NCE DRILLI	NG OPNS.		P AND A		
PULL OR ALTER CASING					DВ				
DOWNHOLE COMMINGLE				1					
OTHER: Rescind APD			OTHER:						
13. Describe proposed or completed of starting any proposed work). or recompletion.									
XTO Energy Inc. requests t	that the APD fo	or the above	listed v	well be re	scinded.				
We will be moving this well						Gas Com B	#1F.		
						m.241	JD FEB 14	9 * <b>- ( ^ )</b>	
						UII	L CONS. D	MV.	
							DIST. 3		
							7		
Spud Date:		Rig Relea	se Date:						
I hereby certify that the information a	bove is true and c	omplete to the	best of m	y knowledge	and belief.	,			
SIGNATURE Main 1	arghic	TIT	LE	PERMITT	ING TECH	D	ATE2	/13/2012	
			malia_v	villers@xt		om		- 222 2100	
Type or print name MALIA VILLERS	//	E-m	all address	s;		PI	TONE <u>50:</u>	5-333-3100	
For State Use Only	5//	m.		RVISOR DI		3	TE <u>2-1</u>	7-13	
APPROVED BY		TTI	`LE			DA	IE <u>a</u>	1 10	