CIRECORD CLEANUP Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources June 19, 2008 District I WELL API NO. 1625 N French Dr , Hobbs, NM 87240 30-045-24437 District II OIL CONSERVATION DIVISION 1301 W Grand Ave , Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE FEE 😠 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S St. Francis Dr., Santa Fe, NM CA # NMNM73624 (DAKOTA) 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 EATON A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: 8. Well Number Oil Well Gas Well X Other 2. Name of Operator 9. OGRID Number XIO Energy Inc. 3. Address of Operator 10. Pool name or Wildcat 382 CR 3100 AZTEC, NM 87410 (505) 333-3630 OTERO CH/BLANCO MV/BASIN DK 4. Well Location 1020'____feet from the___ 1450' feet from the_ NORTH line and Section Township NMPM County 25 Range 11W SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5457' GR 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 **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB **PULL OR ALTER CASING** MULTIPLE COMPL DOWNHOLE COMMINGLE OTHER: OTHER: RE-DELIVERY & DHC \mathbf{x} (DHC-1297) 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. has OWU & Delivered DHC Chacra/Mesaverde/Dakota gas sales to Enterprise on 5/25/12 @ 2:30 p.m. IFR @ 100 MCFPD. RCVD JUL 9'12 OIL CONS. DIV. DIST. 3 Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. M TITLE REGULATORY ANALYST 7/5/2012 _DATE_ sherry morrow@xtoenergy.com Type or print name SHERRY J. MORROW PHONE <u>505-333-3630</u> _ E-mail address: ___

TITLE

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DATE JUL 1 0 2012

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Conditions of Approval (if any):