

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO. 30-045-26248
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: STATE GAS COM BR
8. Well Number 1E
9. OGRID Number 167067
10. Pool name or Wildcat BASIN DAKOTA

SEP 2005 RECEIVED OIL CONS. DIV. DIST. 3

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 PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2. Name of Operator XTO Energy Inc.	
3. Address of Operator 2700 Farmington Ave., Bldg. K, Ste 1 Farmington, NM 87401	
4. Well Location Unit Letter A : 810 feet from the NORTH line and 800 feet from the EAST line Section 02 Township 29N Range 10W NMPM County SAN JUAN	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **CHEMICAL TREATMENT** ☒

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. completed chemical treatment on this well in the following manner:

MIRU SLU. RIH w/3-prong grab & recovered BHBS. RDMO SLU. MIRU pmp trk. Ppd 15 gals O33 mutual solven mixed w/6 gals FA750 foamer & 3 bbls 2% KCl wtr dwn tbg. RDMO pmp trk. MIRU serv rig. Attempted to cycle plngr. RU swb tls; swb plngr up; 12 BW, 14 runs, 7 hrs. Well KO then loaded up. Att to cycle to surf. No arr. ED tbg. RU swb tls. Plngr cycle to surf after swb run. Rmvd plngr fr/well. Att cycle to surf. OK. Rmvd plngr fr/well. Drpd plngr; cycled to surf. No arr. RU swb; 62 BW, 252 runs, 19 hrs. cycled plngr to surf twice. Std compr & RWTP.

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/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Holly C. Perkins TITLE REGULATORY COMPLIANCE TECH DATE 9/16/2005

Type or print name **HOLLY C. PERKINS**

E-mail address: **Regulatory@xtoenergy.com**

Telephone No. **505-324-1090**

For State Use Only

APPROVED BY Chad R. TITLE SUPERVISOR DISTRICT # 3 DATE SEP 19 2005

Conditions of Approval, if any: