Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources May 27, 2004 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-045-23680 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III FEE 🕅 STATE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 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 सहस DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C 101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Other Oil Well Gas Well X 9. OGRID Number 2. Name of Operator 167067 XTO Energy Inc. 3. Address of Operator 10. Pool name or Wildcat 2700 Farmington Ave., Bldg. K. Ste 1 BLANCO MESAVERDE 4. Well Location SOUTH O 1450 feet from the 1190 Unit Letter line and feet from the_ line Township 30N Range 11W **NMPM** SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Pit or Below-grade Tank Application or Closure Pit type _____ Depth to Groundwater ___ __ Distance from nearest fresh water well _____ Distance from nearest surface water ___ Pit Liner Thickness: _ Below-Grade Tank: Volume_____ _bbls; 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 **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: CHEMICAL TREATMENT \mathbf{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. performed a chemical treatment on this well as follows: MIRU pmp truck. Ppd 15 gals 216B (biocide) dwn csg & flushed w/15 gals of 2% KCL wtr. Ppd 5 gals 216B (boicide) dwn flw ln & flushed w/5 gals 2% KCL wtr. RDMO pmp trk. RWTP 5/25/06. 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines _____, a general permit _____or an (attached) alternative OCD-approved plan _____ TITLE REGULATORY COMPLIANCE TECH DATE SIGNATURE. REGULATORY@XTOENERGY.COM E-mail address: Type or print name LORRI D. BINGHAM Telephone No. 505-324-1090 adds o e yaki regruty on a gas inspector, uisi. Au For State Use Only

TITLE_

_DATE.

APPROVED BY_

Conditions of Approval, if any: