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 30-045-23729 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE FEE x Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 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 KEYS GAS COM D DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number Type of Well: Oil Well Gas Well Other 9. OGRID Number 2. Name of Operator XTO Energy Inc. 10. Pool name or Wildcat 3. Address of Operator BASIN DAKOTA 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 4. Well Location 1810 SOUTH Unit Letter ____ feet from the line and feet from the_ line NMPM SAN JUAN County 10W Township 29N Range NEW MEXICO 100 mg 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5531' GL Pit or Below-grade Tank Application or Closure ____ Depth to Groundwater _ _ Distance from nearest fresh water well ___ ___ Distance from nearest surface water Below-Grade Tank: Volume ____ _bbls; Construction Material . Pit Liner Thickness: _ 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. **PLUG AND CHANGE PLANS** TEMPORARILY ABANDON **ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** \mathbf{x} OTHER: 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. performed a chemical treatment on this well as follows: MIRU pmp truck. Ppd 15 gals 216B (biocide) dwn csg & flush w/10 gals of 2% KCl wtr. Ppd 5 gals 216B (biocide) dwn flw ln & fluch w/5 gals of 2% KCl water. RDMO pmp trk. RWTP 4/12/07. RCUD APR30'07 OIL CONS. DIV. DIST. 3 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 enterructed or closed)according to NMOCD guidelines _____, a general permit ____or an (attached) alternative OCD-approved plan _____ TITLE_ LORRI D. BINGHAM ...DATE SIGNATURE. E-mail address: Lorri bingham@xtoenergy.com Type or print name LORRI D. BINGHAM Telephone No. 505-324-1090 G. Rolans APR 3 0 2007 DATE DATE

APPROVED BY

Conditions of Approval, if any: