Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District I	Energy, Minerals and Natur	rai Resources	May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION	NOISIVION	30-045-33146
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fra		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8	7505	STATE 🗷 FEE 🗆
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
SUNDRY NOTIC	ES AND REPORTS ON WEL	LS	7. Lease Name or Unit Agreement with me:
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN (	OR PLUG BACK TO A	7. Lease Name or Unit Agreement ame:
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERIVIT" (FORM C-10	I) FOR SUCH	OIL CONS. DIV.
1. Type of Well: Oil Well  Gas Well  X	Other		8. Well Number  1F DIST. 3
2. Name of Operator			9. OGRID Number
XTO Energy Inc.			5380
3. Address of Operator			10. Pool name or Wildcat
2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 BASIN DAKOTA/BLANCO MESAVERDE  4. Well Location			
Unit Letter A : 695 feet from the NORTH line and 765 feet from the EAST line			
Section 32		Range 12W	NMPM County SAN JUAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
Pit or Below-grade Tank Applicationor Closure			
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; Constructio	n Material
NOTICE OF INTE PERFORM REMEDIAL WORK  TEMPORARILY ABANDON PULL OR ALTER CASING	Appropriate Box to Indicate ENTION TO: PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPLETION	· ·	SEQUENT REPORT OF:  ALTERING CASING
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:			
are many into performed a character treatment of this were as retrems.			
MIRU pmp trk. Ppd 15 gals 216B (biocide) dwn csg & flushed w/10 gals of 2% KCl wtr. Ppd 5 gals 216B (biocide) dwn flw ln & flushed w/5 gals of 2% KCl wtr. RDMO pmp trk. RWTP on 4/25/07.			
I hereby certify that the information at	nove is true and complete to the	hest of my knowledge	and haliaf. I further contifu that any sit or helow
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 permitor an (attached) alternative OCD-approved plan			
SIGNATURE	TITION TITI	LE REGULATORY CO	MPLIANCE TECH DATE 5/3/07
Type or print name LORRI D. BING		nail address: Lor.	ri_bingham@xtoenergy.com Telephone No. 505-324-1090
For State Use Only	<b>SOUT</b>	T OR & GAS INSPECTO	DR, DIST. # MAY 0 7 2007
APPROVED BY H. Villan		LE	
Conditions of Approval, if any:			