Submit 3 Copies To Appropriate District Office	State of New M			Form C-103
District I	Energy, Minerals and Natu	iral Resources	WELL API NO.	June 19, 2008
1625 N French Dr., Hobbs, NM 87240 District II	OIL CONSERVATIO	N DIVISION	30-045-34541	
1301 W Grand Ave, Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE	FEE 🗴
1220 S St Francis Dr, Santa Fe, NM 87505			6. State Oil & Gas L	ease No.
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.)			7. Lease Name or Unit Agreement Name: BRUINGTON GAS COM	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number #1F	
2. Name of Operator XTO ENERGY INC.			9. OGRID Number 5380	
3. Address of Operator			10. Pool name or Wildcat	
382 CR 3100 AZTEC, NM 87410			BASIN DAKOTA	
4. Well Location				
Unit Letter :	1950' feet from the NO	RTH line and	1765' feet from	the WEST line
Section 14	Township 29-N	Range 11-W	NMPM NMPM	County SAN JUAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5589' CL				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INT	ENTION TO:	l SUB	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ов 🗀	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: FIRST DEI	LIVERY	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.				
XIO Energy Inc. first del	ivered this well to Enterp	orise @ 1:00 p.m.,	02/10/2009. IFR o	of 505 MCFPD.
Enterprise mtr #88605) FE8 12 '09 CONS. DIV.
				DIST. 3
Spud Date: 04/28/2008	Rig Rele	ase Date:	05/17/2008	
I hereby certify that the information a	above is true and complete to the	e best of my knowledg	e and belief.	· · · · · · · · · · · · · · · · · · ·
SIGNATURE Doleral for	noo Tin	TLE REGULATORY O	OMPLIANCE TECH [OATE 02/11/2009
Type or print name DOLENA JOHNSON E-mail address: PHONE 505-333-3100				
For State Use Only				
APPROVED BY <u>accepted</u> Conditions of Approval (if any):	or record TI	TLE	DA	ATE
Conditions of Approval (II any):		bd		