State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised May 08, 2003 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-045-31889 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE  $\square$ FEE 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 NMSF077082 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 SNYDER GAS COM B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8 Well Number 1. Type of Well: Oil Well Gas Well x Other 9. OGRID Number 2. Name of Operator 167067 XIO Energy Inc. 10. Pool name or Wildcat 3. Address of Operator BLANCO MESAVERDE/BASIN DAKOTA 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 4. Well Location 2100 feet from the NORTH 780 feet from the\_ line and Unit Letter \_ line Section 19 Township 29N Range County SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON ... REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **MULTIPLE** CASING TEST AND **PULL OR ALTER CASING** COMPLETION **CEMENT JOB**  $\mathbf{x}$ OTHER: OTHER: PT PROD CSG 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. Pressure tested 4-1/2" prod csg to 1500 psig for 30 minutes on chart. Held OK. I hereby certify that the information above is the and complete to the best of my knowledge and belief. SIGNATURE. TITLE\_ REGULATORY SPECIALIST 2/16/04 DATE\_ Type or print name HOLLY C. PERKINS Telephone No. 505-324-1090 DEPUTY OIL & GAS INSPECTOR, DIST. #\$ DEFEN 1 9 2004 (This space for State use) APPROVED BY TITLE\_ Conditions of approval, if any: