Submit 3 Copies To Appropriate District Office	State of			/	Form C-	
District I	Energy, Minerals a	na ivatu	rai Resources	WELL API NO.	Revised May 08,	2003
1625 N. French Dr., Hobbs, NM 87240 District II  OIL CONSERVATION DIVISION				30-045-31138		
1301 W. Grand Ave., Artesia, NM 88210				5. Indicate Type	of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				STATE [	FEE 🗷	- 1
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 8750:		,		6. State Oil & Ga	s Lease No.	
SUNDRY NOTIC	CES AND REPORTS	ON WEI	IIS	7 Lease Name or	r Unit Agreement Name	
(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.)				RIDDLE GAS COM A		
1. Type of Well: Oil Well Gas Well X Other				8. Well Number #1R		
2. Name of Operator				9. OGRID Number		
XTO Energy Inc.					· · · · · · · · · · · · · · · · · · ·	
3. Address of Operator				10. Pool name or Wildcat Basin DK/ Blanco MV / Otero CH		
2700 Farmington Ave., Bld 4. Well Location	g. K. Ste 1 Farmin	gton, N	M 87401	Basin DK/ Blan	aco MV / Otero CH	$\dashv$
Unit Letter G :	2,110 feet from the	NO	RTH line and	1,580 feet fro	om the <b>EAST</b>	line
Section 9	Township	27N	Range 9W	NMPM	County San Ju	an
	11. Elevation (Show		DR, RKB, RT, GR, e	tc.)		
A Chook	Appropriate Box to		212' GR	Panart or Othe	** Data	४०००
NOTICE OF INT		maicate		, Report, or Othe SSEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDO	DN 🗀	REMEDIAL WORK		ALTERING CASING	G [_
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILL	.ING OPNS. 🖂	PLUG AND	
<del></del>	MULTIPLE	<u> </u>	CASING TEST AND	<u> </u>	ABANDONMENT	
PULL OR ALTER CASING	COMPLETION	لـهـا	CEMENT JOB	, Ц		
OTHER:			OTHER: DH	c		
13. Describe proposed or comple	ted onerations (Clearly	v state all			including estimated da	te
of starting any proposed work) or recompletion.						
XTO Energy Inc returned t	<del>-</del>	tion as	a downhole commin	gle on 2/21/04 @	239 MCFPD, per DHC	C #
3237 approved January 28,	. 2004.			•		
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	323.7			/ 		
$\Omega$	ila She	45	×	•		
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I hereby certify that the information above	e is true and complete to t	ne best of	my knowledge and bell	eī.		
SIGNATURE Affilly	, lethers	TIT	LE REGULATOR	Y SPECIALIST	DATE <b>2/</b> /04	1
Type or print name HOLLY C. PER	KTNS 🔿			Telen	shone No. 505-324-1	nen
(This space for State use)	/// //					
/ _	43/K/K		DEPUTY OIL & GAS IN	ISPECTAR	FEB 24 20	104
APPROVED BY Conditions of approval if arty	<del>//                                   </del>	TI	TLE	TELIUR, DIST. ARE	DATE	