

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-08883
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name: Arrowhead Grayburg Unit
8. Well Number 196
9. OGRID Number 005380
10. Pool name or Wildcat Arrowhead - Grayburg

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.)

1. Type of Well:
 Oil Well Gas Well Other Injector

2. Name of Operator
 XTO Energy Inc.

3. Address of Operator
 200 North Loraine, Suite 800, Midland, Texas 79701

4. Well Location
 Unit Letter G : 2310 feet from the North line and 2310 feet from the East line
 Section 12 Township 22-S Range 36-E NMPM Lea County Mew Mexico

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application or 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; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

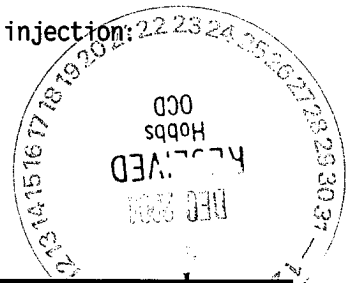
PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPLETION
 OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER:

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.

Request additional 60 days to determine if well will be P&A, TA'd or returned back to injection:
 Pull downhole equipment to determine what repairs needed (if any)
 Replace necessary components and perform MIT, if well returned back to injection.
 Plug according to NMOCC approval, if well P&A'd.



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 NMOCC guidelines , a general permit or an (attached) alternative OCD-approved plan

SIGNATURE DeeAnn Kemp TITLE Regulatory DATE 12/6/04

Type or print name DeeAnn Kemp E-mail address: _____ Telephone No. 432-620-6724

For State Use Only
 APPROVED BY Harry W. Wink TITLE OG FIELD REPRESENTATIVE II/STAFF MANAGER DATE DEC 13 2004
 Conditions of Approval, if any: _____