

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
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. 30-025-28604
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1040
7. Lease Name or Unit Agreement Name North Vacuum Abo Unit
8. Well Number 245
9. OGRID Number 005380
10. Pool name or Wildcat Vacuum Abo, North

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 ☐

2. Name of Operator
XTO Energy, Inc.

3. Address of Operator
200 N. Loraine
Midland, TX 79701

4. Well Location
Unit Letter K : 1932 feet from the South line and 2155 feet from the West line
Section 23 Township 17S Range 34E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4027 GR

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 _____

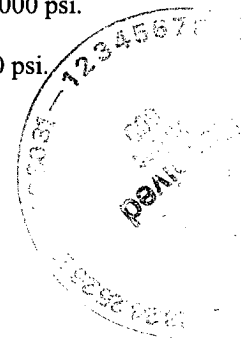
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Procedure - Coaster Frac Well

1. MIRU PU, ND WH, NU BOP.
2. TIH to 8703'. TOH
3. TIH, set packer @ 8450'. Pump 4000 gals 15% HCL & 300 ball sealers @7 bpm @ max 7000 psi.
4. RU swab well
5. Pump 71,000 gals Slick Water containing 29,500 # 20/40 White Sand, 30 bpm @ max 7000 psi.
6. POH, TIH w/WS and bailer
7. TIH w/prod tbg. ND BOP. NU WH, TIH w/rods & pump.
8. RD PU POP



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 permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Velma Gallardo TITLE Production Analyst DATE 9-19-2005

Type or print name Velma Gallardo E-mail address: Velma_Gallardo@XTOENERGY.COM Telephone No. 432-620-4315

For State Use Only

APPROVED BY: Gay W. Wink TITLE _____ DATE _____

Conditions of Approval (if any): _____

OCT 31 2005