

RECEIVED  
 MAY 2 - 2005

<b>CONSERVATION DIVISION</b> 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-001-20012
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Westland "15"		8. Well Number #1
9. OGRID Number 167067		10. Pool name or Wildcat Wildcat Morrison
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		
2. Name of Operator XTO Energy Inc.		
3. Address of Operator 2700 Farmington Ave., Bldg. K, Ste 1 Farmington, NM 87401		
4. Well Location Unit Letter <u>P</u> : <u>800'</u> feet from the <u>South</u> line and <u>800'</u> feet from the <u>East</u> line Section <u>15</u> Township <u>10N</u> Range <u>01W</u> NMPM <u>NMPM</u> County <u>Bernalillo</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5367' GL		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND 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.

Reached driller's TD of 6,697' KB @ 9:30 p.m., 04/23/04. TIH w/5-1/2", 17.0#, J-55, LT&C csg to 6,687.76' KB. Cmtd 1st stage w/375 sx Premium Lite HS cmt w/0.2% CD-32, 0.5% FL-52, 1/4 PPS celloflake, 2% KCl & 2% phenoseal (mixed @ 12.5 ppg & 2.01 cuft/sx). Dropped bomb & op DV tool. Circ 20 bbls cmt off stage tool. Circ btwn stages. Cmtd 2nd stage w/720 sx Type III cmt w/8% gel, 1/4 PPS celloflake & 2% phenoseal (mixed @ 11.4 ppg, 3.02 cuft/sx) followed by 595 sx Premium Lite HS cmt w/0.2% CD-32, 0.5% FL-52, 1/4 PPS celloflake, 2% KCl & 2% phenoseal (mixed @ 12.5 ppg & 2.01 cuft/sx). Dropped bomb & closed DV tool. Circ 200 bbls cmt to surf. Released United rig #29 @ 6:00 p.m., 04/26/05.

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 Kelly K. Small TITLE DRILLING ASSISTANT DATE 04/29/05  
 E-mail address: kelly\_small@xtoenergy.com  
 Telephone No. 505-324-1090

Type or print name KELLY K. SMALL

For State Use Only

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 5/5/05

Conditions of Approval, if any: