Submit 3 Copies To Appropriate District	State of Nev			/ Form C-10	
Office District I	Energy, Minerals and	Natural Resources	WELL API NO.	Revised March 25, 19	199
1625 N. French Dr., Hobbs, NM 87240 District II	OH CONCEDIAT	PIONI TARVICIONI	30-045	/ 23568	
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION 2040 South Pacheco			5. Indicate Type of Lease	
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE 🗀	FEE 🗷	
District IV 2040 South Pacheco, Santa Fe, NM 87505	· · · · · · · · · · · · · · · · · · ·		6. State Oil & Gas	Lease No.	7
					_
SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	7. Lease Name or Unit Agreement Name: SULLIVAN GAS COM C				
1. Type of Well: Oil Well Gas Well	Other				
2. Name of Operator	Other		8. Well No.		1
XTO Energy Inc.			#1E		
3. Address of Operator			9. Pool name or Wildcat		
2700 Farmington Ave., Bldg.	BASIN DAKOTA		4		
4. Well Location					
Unit Letter:	feet from the	SOUTH line and	1490 feet from	n the EAST lin	ıe
Section 28	Township 291	N Range 10W	NMPM	County SAN JUAN	
	10. Elevation (Show whe	ether DR, RKB, RT, GR, e	etc.)		
11 Check	Appropriate Box to Indi	5513' GR	Report or Other	18668888888888888888888888888888888888	201
NOTICE OF INTI	* * *		BSEQUENT REP		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	<u> </u>	ALTERING CASING	П
			<u> </u>		_
TEMPORARILY ABANDON L	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT	Ш
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB			
					[==1
OTHER:		OTHER: REPAIRE		<u> </u>	X
 Describe Proposed or Complete of starting any proposed work). or recompilation. 					
XTO Energy repaired the B	radenhead in the follo	wing manner:			
Rigged up pulling unit.	Pulled tbg. Set RBP @	3,017'. Ran GR/CBL	log. TOC @ 2,606	·•	
Met w/Frank Chavez & Stev Chacra is 2,773' and Clif approved leaving well as	fhouse Mesaverde is 3,	365'. Intermediate	7" csg set @ 2,186		
Pulled RBP. Ran 204 jts	2-3/8" tbg to 6,409'.		3 14 15 16 17 7	9 19 20 30	
RWIP.			OF COLUMN	100 100 100 100 100 100 100 100 100 100	
I hereby certify that the information above	e is true and complete to the be	est of my knowledge and bel	ief.		
SIGNATURE WARRING ST	od	TITLE REGULATORY SUF	ERVISOR I	1/17/03	_
Type or print name DARRIN STEED		100	Telepho	ne No. 505-324-1090)
(This space for State use)) hen	THE ROLL OF			
APPROVED BY Charle The	/ DEN	TITLE	e. sist. si	AAN 21 2003	
Conditions of approval, if any:	·			*	_ /