Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-045-29900	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410 District.IV	Santa Fe, NM 87505		STATE	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & G	as Lease No.
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.)			7. Lease Name or Unit Agreement Name:  Brown	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number #3	
2. Name of Operator			9. OGRID Number	
XTO ENERGY INC.				
3. Address of Operator			10. Pool name or Wildcat	
382 CR 3100, AZTEC, NM 87410 Fruitland Coal 4. Well Location				1
Unit Letter O:	685 feet from the Son	uth line and	2,280 feet fr	rom the <b>East</b> line
Section 29	Township 30N	Range 12W	NMPM	County San Juan
25	11. Elevation (Show whether			County Dail Cult
		71' GL		
12. Check A	ppropriate Box to Indicate	Nature of Notice, F	Report, or Other	r Data
NOTICE OF INTI	ENTION TO:	SUB	SEQUENT RE	EPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS 🗀	P AND A
		CASING/CEMENT JO	_	<del></del>
PULL OR ALTER CASING	MULTIPLE COMPL L	CASING/CEMENT 30		RCVD APR 3'13
DOWNHOLE COMMINGLE				OIL CONS. DIV.
				DIST. 3
OTHER:		OTHER: PWOP		x
<ol> <li>Describe proposed or completed of starting any proposed work).</li> <li>or recompletion.</li> </ol>	d operations. (Clearly state all persented in SEE RULE 1103. For Multiple		•	<del>-</del>
	his well on pump per the f			
	#, J-55, 8rd, EUE tbg. Ld PBTD @ 1,739'. TIH w/pmp,			
tbg to 500 psig. GPA. Tst	·	ious & iou subs.	TIBCI 3D (ID I	ocacor, beac pap. Fi
3/28/13 Instl PU. RWTP.				
Spud Date:	Rig Rele	ase Date:		
			_ <del>_</del>	
I hereby certify that the information	above is true and complete to the	e best of my knowledge	e and belief.	
SIGNATURE SHEME	monow TIT		RY ANALYST	DATE
Type or print name SHERRY J. MORROW E-mail address:PHONE 505-333-3630				
For State Use Only		Deputy Oil & 0	as Inspecto	r, ,
ADDROVED BY 115th 91	~/ <b>/</b> //		. // ~	.1 / . /
APPROVED BY Conditions of Approval (if any):	,	TLE <u>Distri</u>	ct #3	DATE 4/9/13