State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources May 27, 2004 District I WELL API NO. 1625 N French Dr , Hobbs, NM 87240 30-045-32274 District II OIL CONSERVATION DIVISION 1301 W Grand Ave, Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III STATE X FEE 🔲 1000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S St Francis Dr, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A STATE GAS COM BJ DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator 9. OGRID Number XTO Energy Inc. 10. Pool name or Wildcat 3. Address of Operator 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 BASIN FRUITLAND COAL 4. Well Location 660 SOUTH · line and _ 1000 Unit Letter feet from the feet from the line Township 30N Range 13W **NMPM** County Section SAN JUAN 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 _____ Below-Grade Tank: Volume___ __bbls; Construction Material _ Pit Liner Thickness: _ 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG AND** ABANDONMENT MULTIPLE CASING TEST AND PULL OR ALTER CASING COMPLETION CEMENT JOB OTHER: OTHER: ACID TREATMENT X 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. RCVD AUG 21 '07 OIL CONS. DIV. XTO Energy Inc. performed an acid treatment on this well as follows: 7/30/07 MIRU acid equip. Pumped flush treatment as follows: 3,903 gals PW w/Gas Perm Surfactant @ 463 psig & 4.1 BPM, 3,097 gals CoalStim Solution @ 1,004 psig & 3.9 BPM & 1,575 gals PW w/Gas Perm surfactant @ 1,022 psig & 4.0 BPM. 7/31/07 EOT 2 1977'. RWTP @ 6:00 p.m. 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines _____, a general permit ____or an (attached) alternative OCD-approved plan ____ TITLE REGULATORY COMPLIANCE TECH DATE SIGNATURE. E-mail address: Lorri bingham@xtoenergy.com Type or print name LORRI D. BINGHAM Telephone No. 505-324-1090 Deputy Oil & Gas Inspector, For State Use Only District #3 __DATE_AUG 2 2 2007 TITLE_ Conditions of Approval, if any: