Submit 3 Copies To Appropriate District	State of New Me			Form C-103
Office District I	Energy, Minerals and Natur	ral Resources	WELL API NO.	May 27, 2004
1625 N French Dr., Hobbs, NM 87240 District II	OIL CONSEDUATION DIVISION			-34468
1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type o	
District III 1000 Rio Brazos Rd., Aztec, NM 87410				∃ FEE □
District IV 1220 S. St. Francis Dr , Santa Fe, NM 87505	·		6. State Oil & Gas	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: PICWAY	
1. Type of Well: Oil Well Gas Well X	Other		8. Well Number	4
2. Name of Operator			9. OGRID Number	
XTO Energy Inc.			53	80
3. Address of Operator			10. Pool name or	Į.
382 CR 3100 Aztec, NM 87 4. Well Location	410		BASIN FRUITLAND) COAL
4. Well Location				
Unit Letter::	feet from the	line and	feet from	m theline
Section		Range	NMPM	County
A Constitution of the Cons	11. Elevation <i>(Show whether</i> 5	DR, RKB, RT, GR, ei 394 '	tc.)	
Pit or Below-grade Tank Application	or Closure			
Pit type Depth to Groundwater .		n water well Di	stance from nearest surf	ace water
Pit Liner Thickness: mil	Below-Grade Tank: Volume.	bbls; Constructi	on Material	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		SUE REMEDIAL WORK	BSEQUENT REPORT OF: ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: PRESSURE	TEST PRODUCTION	CASING X
13. Describe proposed or completed of starting any proposed work). or recompletion.				
XTO Energy Inc. pressure to 3850 psig for 5 min. T	tested 5-1/2" prod casing Nested OK.	to 2500 psig for 1		Increased pressure
. ,			R	WD APR 28 '08
				IL CONS. DIV.
				DIST. 3
I hereby certify that the information at grade tank has been will be constructed or constructed	ove is true and complete to the losed according to NMOCD guideline	best of my knowledg s, a general permit	e and belief. I further	certify that any pit or below-
SIGNATURE	. On can TIT		OMPLIANCE TECH	
Type or print name LORRI D. BING	FAM E-r	nail address: Lo	rri_bingham@xtoen Telep	nergy.com ohone No. 505-333-3100
For State Use Only	2	Diet	Gas Inspector rict #3	AFN & J ZUUU
APPROVED BY Y- Valle	hueva TI	TLE	1Gt #3	DATE
Conditions of Approval, if any:		R		