Submit 3 Copies To Appropriate District	State of New M			Form C-103
Office District I	Energy, Minerals and Natu	ural Resources	WELL ADINO	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION		WELL API NO. 30-045-34548	
1301 W. Grand Ave , Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of I	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE 🗴	FEE 🗌
District IV 1220 S St Francis Dr., Santa Fe, NM			6. State Oil & Gas L	ease No.
87505				
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 U HANEY GAS COM B	nit Agreement Name:
1. Type of Well: Oil Well Gas Well X Other			8. Well Number #1F	
2. Name of Operator			9. OGRID Number	
XTO Energy Inc.			5380	
3. Address of Operator  382 CR 3100 AZTEC, NM 87410			10. Pool name or Wildcat  BASIN DAKOTA/MANCOS/OTERO CHACRA	
4. Well Location	, NY 67410		· BASIN DAROIA/MAIN	COS/OTERO CHACRA
Unit Letter <u>K</u> :	1480 feet from the SO	UTH line and	1645 feet from	the WEST line
Section 20	Township 29N	Range 10W	NMPM NMPM	County SAN JUAN
·	11. Elevation (Show whether			County BAIN DOAN
·				
12. Check A	appropriate Box to Indicate	Nature of Notice, I	Report, or Other D	ata
	• •		•	
NOTICE OF INTENTION TO: SUBS			SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS 🕱	COMMENCE DRILLI	NG OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JO	<u> </u>	
	MOLTIFEE COMITE	O/IOINO/OEMENT O		
DOWNHOLE COMMINGLE				
OTHER: CHANGE SURFACE CASING	DEPTH X	OTHER:		
13. Describe proposed or complete of starting any proposed work) or recompletion.	d operations. (Clearly state all po . SEE RULE 1103. For Multipl	-	-	_
XTO Energy Inc., proposes	s to change the surface cas	sing setting depth	from 360' to 850'.	
	_			
			•	CVD NOV 19'08
				OIL CONS. DIV.
				ms.s
				~ <b>~</b>
Spud Date:	Rig Rele	ase Date:		
I hereby certify that the information	above is true, and complete to th	e best of my knowledge	e and belief.	
SIGNATURE LANGET	M. Hembry TIT	TLE FILE	CLERK [	DATE 11/18/2008
Type or print name <u>JENNIFER M.</u> I		jennifer_hembry@x mail address:		PHONE <u>505-333-3100</u>
For State Use Only	1/1	Deputy Oil & 0		'NOV 2 5 2008
APPROVED BY	My TI			ATE
Conditions of Approval (if any):	V V	<b>a</b> .		