Submit 3 Copies To Appropriate District Office State of New Mexico Energy, Minerals and Natural Resources	Form C-103 June 19, 2008
District 1 1625 N. French Dr , Hobbs, NM 87240 District II OIL CONSERVATION DIVISION	WELL API NO. 30-045-34541
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505	STATE 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name: BRUINGTON GAS COM
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	10. Pool name or Wildcat
382 CR 3100 AZTEC, NM 87410 4. Well Location	BASIN DAKOTA
Unit Letter <u>F</u> : 1950' feet from the NORTH line and	1765'feet from theWESTline
Section 14 Township 29-N Range 11-W	NMPM NMPM County SAN JUAN
11. Elevation (Show whether DR, RKB, RT, GL 5589' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
12. Check Appropriate Box to maleate Nature of Notice	ee, report, or other batta
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOI	RK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DE	RILLING OPNS. P AND A
PULL OR ALTER CASING	NT JOB
DOWNHOLE COMMINGLE	
OTHER: OTHER: CORRE	CIED ID 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.	
XTO Energy Inc. previously reported this wells TD @ 6721'.	RCVD DEC 18'08
The correct TD should be @ 6748'.	OIL CONS. DIV.
	DIST. 3
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Dollar fah ma TITLE RECULATORY COMPLIANCE TECH DATE 12/16/2008	

Conditions of Approval (if any):

Type or print name **DOLENA JOHNSON**

B 10/19

Deputy Oil & Gas Inspector,
TITLE _____ District #3 ____ DATE _____ DEC 1 9 2008

__ E-mail address: ____

PHONE <u>505-333-3100</u>