UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO 1004-0137 Expires July 31, 2010

5 Lease Serial No

| MST- | 07 | 173 | AFR |
|------|----|-----|-----|

SUNDRY NOTICES AND REPORTS ON WELLS

| Do not use this form for abandoned well. Use Fo | 6. If India | 6. If Indian, Allottee or Tribe Name | | | |
|--|---|--|--|--|--|
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | 7 If Unit or CA/Agreement, Name and/or No NMM-73587 | |
| 1 Type of Well Oil Well X Gas Well Other 2 Name of Operator | | 8 Well Name and No DAVIDSON GAS COM H #1F | | | |
| XIO ENERGY INC. | | つ口の四 | | ell No | |
| 3a Address | b Phone No (include area code) | Phone No (include area code) 30-045-336 | | | |
| 382 CR 3100 AZTEC, NM 87410 4 Location of Well (Footage, Sec., T. R. M. or Surve | 505-333-3100 | 10 Field | 10 Field and Pool, or Exploratory Area BASIN DAKOTA/BASIN MC | | |
| · | • | N.M.P.M. | I Managarpacoun Field Office SAN JUS | 0.21.0 | |
| 12. CHECK APPROPRIA | TE BOX(ES) TO INDI- | CATE NATURE OF NOTICE | , REPORT, OR O | THER DATA | |
| TYPE OF SUBMISSION | | TYPE OF A | CTION | | |
| Notice of Intent | Acidize Alter Casing | | Production (Start/Resum | water Shut-Off Well Integrity | |
| X Subsequent Report | | | | | |
| re _ | Channe Blane | | Recomplete | X Other RC BASIN MC | |
| Final Abandonment Notice | Change Plans | | Temporarily Abandon | · · · · · · · · · · · · · · · · · · · | |
| | Convert to Injection | Plug Back | Water Disposal | | |
| 06/02/2009 TIH w/179 jts 2-3/8" follows: TAC @ 5491 CBP @ 6037'. DK per 06/03/2009 TIH w/pmp & rods. S | P. Set CBP @ 6037'. BP to 3850 psig for w/1 JSPF. Correlat HCl acid. 70' - 6037' (CBP). , 4.7#, J-55, EUE & '. SN @ 5920'. EC fs fr/6446' - 6612' eated pmp. PT tbg | PT CBP to 2000 psi for 5". Tstd OK. Eed depths w/BWWC GR/CC Brd tbg. ND BOP. Id to 5950'. MC perfs for 6894'. NU W | E log dated OK R(bg w/donut & : 1/5572' - 590 H. 26037 8 bbls 2% KCl | . ND BOP. RDMO. 8/17/2006. A. CVD JUN 12'09 IL CONS. DIV. DIST. 3 2-3/8" seal assy as 6'. Fill @ 6030'. | |
| | | the state of the s | The state of the s | | |
| 14 I hereby certify that the foregoing is true and corre Name (Printed/Typed) | Cl | Title RECTILATORY | אנטני אי | . 1 . | |
| BARBARA, J CONDER Signature M / M / M / M / M / M / M / M / M / M | // | | LEKK | | |
| _ mulling from | LUI | Date 06/04/2009 | QE . | MASSIED RINIELLO | |
| Approved by | TIO SPACE FUR FEDE | RAL OR STATE OFFICE U | <u> </u> | Date JUN 1 1 2005 | |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify | | | | | |
| the applicant holds legal or equitable title to those rights in the entitle the applicant to conduct operations thereon | | | PARIMETON FRED OFFIC | | |
| Title 18 U.S.C. Section 1001, and Fitle 43 U.S.C. Section 121 fictitious or fraudulent statements of representations as to any | • • | n knowingly and willfully to make to any | department or agency of | of the United States any false, | |

ZA Dakota 5/19/09