WELL API NO Substitution Subst	Submit 3 Copies To Appropriate District Office State of New Mexico Energy, Minerals and Natural Resources	Form C-103 June 19, 2008	
150 W. Grand Ave., Ance., NM 84310 1220 South St. Francis Dr. Santa Fe, NM 87505 Sant	1625 N. French Dr , Hobbs, NM 87240	WELL API NO.	
STATE FEE	1301 W Grand Ave. Artesia NM 88210 OIL CONSER VATION DIVISION		
District District			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DEFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-10-1) FOR SUCH PROPOSALS) 1. Type of Well: Oil Well	District.IV.		
IOO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DEFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)		o. State Off & Gas Lease No.	
1. Type of Well: Gas Well	(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	I =	
2. Name of Operator XTO Energy Inc. 3. Address of Operator 382 CR 3100 Actee, NEW MEXICO 87410 4. Well Location Unit Letter P		l l	
3. Address of Operator 3. 300 Natec, NEW MEXICO 87410 4. Well Location Unit Letter P: 820 feet from the SOUTH line and 665 feet from the EAST line Section 9 Township 32N Range 12W NMPM County SAN JUAN Section 9 Township 32N Range 12W NMPM County SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6046¹ 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: 1ST DELIVERY 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., has 1st delivered this well to Enerprise 2:00 p.m. 7/8/2010. IFR 200 MCFFD REGULATIVE REPLAYERY REGULATIVE REPLAYERY THE ESSILATORY COMPLIANCE TECH DATE 7/9/2010 teens whitting extrements.			
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For State Use Only			

_____ TITLE ______ DATE _____

APPROVED BY______Conditions of Approval (if any):