Submit 3 Copies To Appropriate District State of New Mexico			•	Form C-1	
Office District I	Energy, Minerals and Natural Resources		TYPET A DENIE	Revised March 25, 19	199
1625 N. French Dr., Hobbs, NM 87240 District II	OH CONCEDNATION DIVISION		WELL API NO. 30-045-31138		-
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION 2040 South Pacheco		5. Indicate Type o		7
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE [
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas	Lease No.	7
					_
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:	
1. Type of Well:	Other		RIDDLE GAS COM	RITUDIE GAS COM A	
Oil Well Gas Well X 2. Name of Operator	Other	<u></u>	8. Well No.		_
XTO Energy Inc.			#1R		- 1
3. Address of Operator	,		9. Pool name or Wildcat		
2700 Farmington Ave., Bldg. 4. Well Location	K. Ste 1 Farmington,	NM 87401	BASIN DAKOTA /)	BLANCO MESAVERDE	-
Unit Letter <u>G</u> :	2110 feet from the	NORTH line and	1580 feet from	m the EAST lin	ıe
Section 09	Township 27	N Range 09W	NMPM	County SAN JUAN	_
	10. Elevation (Show wh	ether DR, RKB, RT, GR, 6	etc.)		
11. Check A	Appropriate Box to Ind		e. Report, or Other	Data	22
NOTICE OF INTI	BSEQUENT REF				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TE:MPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	D 🗆	7.57. N. S. S. N. S. S. N. S.	
OTHER: SQUEEZE MESAVERDE PERE	*S	X OTHER:			_[]
12. Describe Proposed or Complete of starting any proposed work). or recompilation.					
XTO Energy Inc. proposes Verbal approval for squee				I cmt w/2% CaCl2.	e.
			,		
I hereby certify that the information above	is true and complete to the b	est of my knowledge and bel	ief.		-
- A	2				
SIGNATURE (Warm S	THE STATE OF THE S	TITLE REGULATORY SUI	PERVISOR	DATE <u>10/29/02</u>	_
Type or print name DARRIN STEED			Telepho	one No. 505-324-1090	<u>) </u>
(This space for State use)	Tr. (2.17.2) (2.27.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	DEPUTY OF LIES	IMPRITOR FOR	OCT 3 G	
APPROVED BY		TITLE		ATE	
Conditions of approval, if any:					