State of New Mexico Submit 3 Copies To Appropriate District Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, N. 4 87240 30-045-30788 District\_II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE [1 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 FEE 🔀 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) ASHCROFT SWD 1. Type of Well: Gas Well X Oil Well Other 8. Well No. 2. Name of Operator XTO Energy Inc 9. Pool name or Wildcat 3. Address of Operator 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM 87401 ENTRADA 4. Well Location Unit Letter 998 feet from the line and feet from the line Section Township 29N Range **NMPM** County SAN JUAN 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5440' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON CHANGE PLANS PLUG AND ABANDONMENT PULL OR ALTER CASING** MULTIPLE CASING TEST AND **CEMENT JOB** COMPLETION  $\mathbf{x}$ OTHER: OTHER: Started Water Injection 12. 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 recompilation. Started water injection @ 2:50 p.m., 4/29/02. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE OPERATIONS ENGINEER 5/24/02 **SIGNATURE** DATE\_

Telephone No. 505-324-1090

DATE

**阿里斯 銀音系列 医红状形形** 

MAY 2 8 2002

Type or print name RAY MARTIN

Conditions of approval, if any:

CHAL SEAD OF STREET

(This space for State use)

APPROVED BY