

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-23720-00
 5. Indicate Type of Lease
 STATE FEE
 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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other
 2. Name of Operator XTO Energy
 3. Address of Operator P.O. Box 700 Eunice N.M. 88231
 4. Well Location
 Unit Letter H : _____ feet from the 2180 line and N feet from the 610 E line
 Section X 11 Township 17s Range 34 E NMPM County lea
 7. Lease Name or Unit Agreement Name North Vacuum ABO
 8. Well Number # 216
 9. OGRID Number _____
 10. Pool name or Wildcat ABO
 11. Elevation (Show whether DR, RKB, RT, GR, etc.) _____
 Pit or Below-grade Tank Application or Closure
 Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
 Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Well was shot in due to a packer/tubing leak. Pulling unit was rigged up on well and all 2-3/8" bare tubing was laid down. went back in the hole with new 2-3/8" plastic coated tubing and new seal assembly for Baker model "NB" Packer set @ 8'515'. circulated packer fluid and latched back in to packer. Pressured tubing/casing to 500 psi for 30 min. Held A.K. waiting on NM OCD approval to continue injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Ben Pearce TITLE Production Foreman DATE 10/26/2006

Type or print name _____ E-mail address: _____ Telephone No. _____
For State Use Only

APPROVED BY: Larry W. Wink TITLE REPRESENTATIVE II/STAFF MANAGER DATE NOV 03 2006
 Conditions of Approval (if any) OC FIELD REPRESENTATIVE II

