

PNRM0720040182

C-103 Received 7-18-2007

DHC No. Assigned 7-19-2007

Order Number		API Number	Operator		County			
HOB-0210		30-025-32909	XTO Energy Inc.		Lea			
Order Date		Well Name	Number	Location				
		SDE19 Federal	004	K	19	235	32E	
				UL	Sec	T (+Dir)	R (+Dir)	
			Oil %	Gas %				
Pool 1	59945	Triste Draw Delaware, West	80%	20%				
Pool 2	53805	Sand Dunes Bone Spring, South	20%	80%				
Pool 3								
Pool 4								
Comments: Work completed effective _____ Work cancelled effective _____								

Posted to
RBDM & (C)
7-19-2007

30-025-32909
HOB-0210

DOWNHOLE COMMINGLE CALCULATIONS:

OPERATOR: XTO Energy Inc.

PROPERTY NAME: SDE 19 Federal

WNULSTR: 4-K, 19-23-32

SECTION I:

59945 POOL NO. 1 Triste Draw Delaware, West ALLOWABLE AMOUNT 187 374 MCF 2000

53805 POOL NO. 2 Sand Dunes Bone Spring, South 368 730 MCF 2000

POOL NO. 3 _____ MCF

POOL NO. 4 _____ MCF

POOL TOTALS 552 1104

SECTION II:

POOL NO. 1 Triste Draw Delaware, West Oil 80% $80\% \times 552 = 441.60$ Gas 20%

POOL NO. 2 Sand Dunes Bone Spring, South 20% 80%

POOL NO. 3 _____

POOL NO. 4 _____

OIL

GAS

SECTION III:

$187 \div 80\% = 233.75$ (234)

SECTION IV:

$234 \times 80\% = 187.20$ (187)

$234 \times 20\% = 46.80$ (47)

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1100 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

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

Form C-103
May 27, 2004

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.)		WELL API NO. 30-025-32909
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease <i>Federal</i> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO Energy, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701		7. Lease Name or Unit Agreement Name: SDE "19" Federal
4. Well Location Unit Letter <u>K</u> : <u>2180</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>19</u> Township <u>23S</u> Range <u>32E</u> NMPM County <u>Lea</u>		8. Well Number 4
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 005380
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: DHC ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: Reactivate Bone Spring. Add Pay in Delaware ☒

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.

- Division Order No. R11363 *Wash*
- Pools: Triste Draw; Delaware (59945) & Sand Dunes; Bone Spring, South (53805)
- Delaware Perfs: 8270'-8358' & Bone Spring Perfs: 8630'-8652'
- Allocations based on Well Tests (prior to well being downhole commingled).
Bone Spring 20% Oil, 5% Water, 80% Gas
Delaware 80% Oil, 95% Water, 20% Gas

DHC Order No. HOB-0210

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 Kristy Ward TITLE Regulatory Analyst DATE 07/18/07
E-mail address: kristy_ward@xtoenergy.com
Telephone No. 432-620-6740

For State Use Only

APPROVED BY Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER
TITLE _____ DATE JUL 19 2007
Conditions of Approval, if any:

District I
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Form C-102
Revised October 12, 2005

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-329089	² Pool Code 59945	³ Pool Name Triste Draw; Delaware, West
⁴ Property Code 300728	⁵ Property Name SDE "19" Federal	⁶ Well Number 4
⁷ OGRID No. 005380	⁸ Operator Name XTO Energy, Inc.	⁹ Elevation 3614'

¹⁰ Surface Location

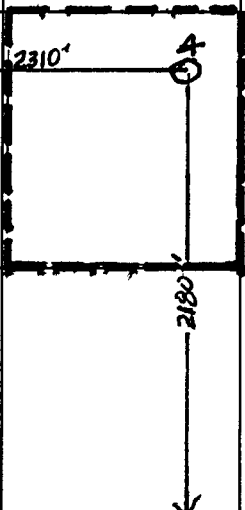
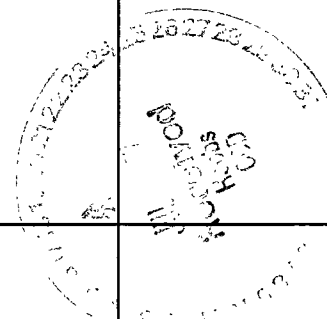
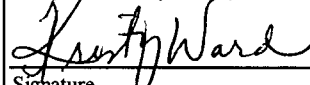
UL or lot no. K	Section 19	Township 23S	Range 32E	Lot. Idn	Feet from the 2180'	North/South line South	Feet from the 2310'	East/West line West	County Lea
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16			¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.  Signature 07/18/07 Date Kristy Ward Printed Name Regulatory Analyst
			¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyer: Certificate Number

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Form C-102
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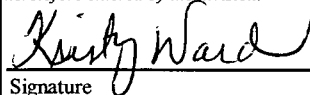
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