## CORRECTED COPY

Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources June 19, 2008 District I WELL API NO. 1625 N French Dr., Hobbs, NM 87240 30-015-39400 District II OIL CONSERVATION DIVISION 1301 W Grand Ave, Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III 1000 Rio Brazos Rd, Aztec, NM 87410 STATE X FEE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., 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) Nash Unit SWD 1. Type of Well: 8. Well Number Oil Well Gas Well G Other swo 53 <del>(IWD</del>-2. Name of Operator 9. OGRID Number XTO Energy, Inc. 005380 3. Address of Operator 10. Pool name or Wildcat (96101) SWD: DELAWARE 200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location 1620 1120 Unit Letter feet from the North line and feet from the line **NMPM** Township 238 Range 29E County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2999' ŒL 12. 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 **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. P AND A MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING DOWNHOLE COMMINGLE OTHER: OTHER: Ran MIT test  $\mathbf{x}$ 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. 12/31/11 Drld to 16445'. RIH w/perm pkr on 4 1/2 tbg set @ 14810'. 1/1/12 Lay down 4 1/2" pipe. Latch into packer, space out, nipple down, set BOP, install flange test 5K, clean pits. 1/11/12 Ran initial 30 minute MIT test. Test was witnessed by Richard Inge and returned to OCD office. Copy attached. ENIED NOT ENOUGH INFO, PACKER SET TOO HIGH PER MIT NMOCD ARTES Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. Regulatory Analyst SIGNATURE\_ \_\_\_\_ DATE \_\_ sharon hindman@xtoenergy.com Type or print name Sharon Hindman PHONE 432-620-6741 E-mail address: **For State Use Only** APPROVED BY\_ \_ TITLE \_\_ DATE \_ Conditions of Approval (if any):