				Y	
Submit 3 Copies To Appropriate District	State of N	lew Me	xico	Form C-10	3
Office District I	Energy, Minerals a	nd Natu	ral Resources	May 27, 200)4
1625 N. French Dr., Hobbs, NM 88240				WELL API NO. 30-025-04916	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERV.			5. Indicate Type of Lease	_
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE X FEE	
District IV	Santa Fe, Nivi 8/303			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				Arrowhead Grayburg Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other Water Injection Well				8. Well Number 124	_
2. Name of Operator				9. OGRID Number 005380	
XTO Energy Inc.					
3. Address of Operator			10. Pool name or Wildcat		
200 North Loraine, Suite 800, Midland, Texas 79701				Arrowhead Grayburg	
4. Well Location	90		time and 100	20 feet from the Frest line	
Unit LetterG_:198 Section 35	80feet from theN Township 21-S	ortn Range	line and198 36-E NM	For the East line PM Lea County NM	
Section 33	11. Elevation (Show who			•	W.
	3559' GL				
Pit or Below-grade Tank Application or					
Pit type_SteelDepth to Groundwater_	· · · · · · · · · · · · · · · · · · ·				
Pit Liner Thickness: mil	Below-Grade Tank: Volu			nstruction Material	
12. Check A	ppropriate Box to Inc	licate N	ature of Notice,	Report or Other Data	
NOTICE OF INT	TENTION TO:		l SUB:	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK X PLUG AND ABANDON ☐ REMEDIAL WOR]
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI		
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	ГЈОВ 📙	
OTHER:			OTHER:]_
				d give pertinent dates, including estimated d	
of starting any proposed wor or recompletion.	k). SEE RULE 1103. Fo	or Multip	le Completions: At	tach wellbore diagram of proposed complet	on
of recompletion.					
Pull downhole equipment					
Determine cause of commu				10345	
Replace necessary components				12343670	
Perform MIT & return well	to injection.				
				2004 74 E	
				\(\frac{12}{12}\)	
				27 030 000 000 000 000 000 000 000 000 00	
				157	
				Etc. ally	
	·			6551202182	
I hereby certify that the information	have is true and complete	to the he	est of my bnowledge	e and belief. I further certify that any pit or belo	
grade tank has been/will be constructed of c	losed according to NMOCD g	uidelines [], a general permit	or an (attached) alternative OCD-approved plan	w-].
SIGNATURE D.	7	TTTE 1	Damilatami Tash	DATE 11/17/04	
SIGNATURE DW			Regulatory Tech	DATE 11/17/04	
Type or print name DeeAnn Kemp	p E-mail address:	Dee	RELID BEPRESERVI	ATIVE II/STAFF MANAGER com Telephone No. 432-620-6724	
For State Use Only					
APPROVED BY: TITLE				DATE	
Conditions of Approval (if any):					