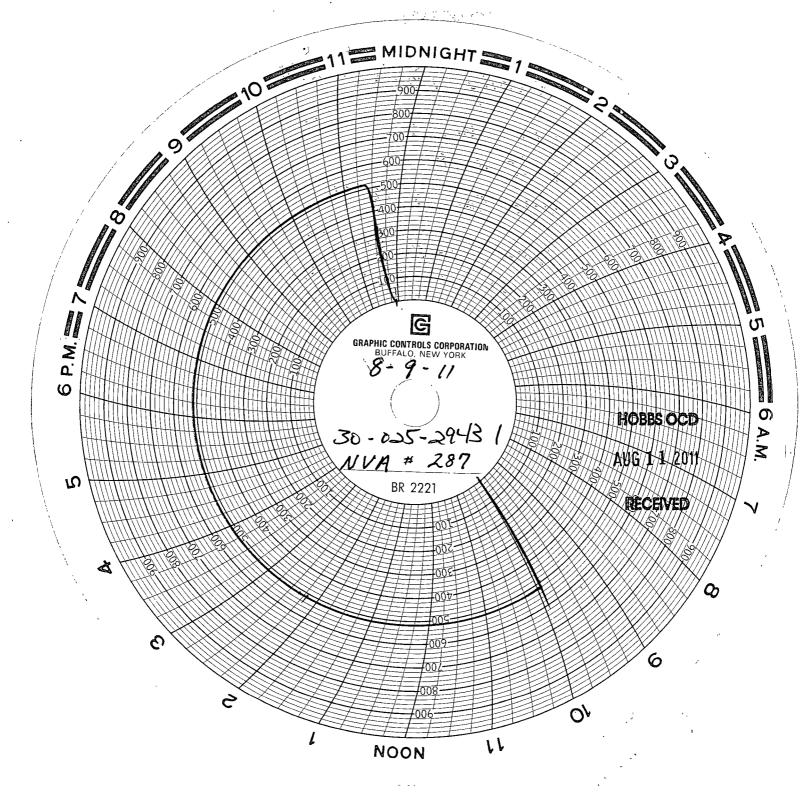
Submit 3 Copies To Appropriate District	State of New Me			Form C-103
Office District I	Energy, Minerals and Natur		WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.			30-025-29431	
			Indicate Type of Lease	,
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV Santa Fe, NM 87505			STATE 🗷	FEE 🗆 🖊
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease	No.
SUNDRY NOTRESEWARD 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.)			7. Lease Name or Unit Agreement Name: North Vacuum ABO Unit	
1. Type of Well: Oil Well Gas Well /□ Other			8. Well Number 287	
2. Name of Operator			9. OGRID Number 005380	
XTO Energy, Inc. 3. Address of Operator			10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701			Vacuum; ABO, North	
4. Well Location				
Unit Letter <u>M</u> :	660 feet from the Sou	ath line and	780 feet from the_	West line
Section 26		Range 34E	NMPM Cou	inty Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
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 .			☐ ALT	ERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLI			ND A
		1	_	
PULL OR ALTER CASING	MULTIPLE COMPL L	CASING/CEMENT J	OB 🗀	
DOWNHOLE COMMINGLE				
OTHER: TA Extension Request	x	OTHER:		
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.				
XTO is requesting an exter is currently in progress v				
		_		
This Approval of Temporary				
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information a	bove is true and complete to the	best of my knowledg	e and belief.	
SIGNATURE Sherry Pa	cle TIT		ry Analyst DATE	8/10/11
Type or print name Sherry Pack F-mail address: PHONE 432-620-6709				
For State Use Only				
APPROVED BY Conditions of Approval (if any):	TIT TIT	TLE <u>57747</u>	DATE	_
			4	AUG 1 1 2011



Leon Wells

Linit # 78 Pate

Meter Cal. 6-28-11

North Vacuum Abo 287

Sec 26 T178 R34E