

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  
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

June 19, 2008

<b>HOBBBS OGD</b> <b>SEP 26 2011</b> <b>CONSERVATION DIVISION</b> 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-23782 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: North Vacuum ABO Unit ✓		8. Well Number 157 ✓
9. OGRID Number 005380		10. Pool name or Wildcat Vacuum: ABO North
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>		
2. Name of Operator XTO Energy, Inc.		
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701		
4. Well Location Unit Letter <u>H</u> ; <u>2180</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>27</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>LEA</u>		
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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: Repair Injector ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

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.

1. MIRU WS. ND WH. NU BOP. Sting out of packer. POOH & LD 2-3/8" tbg. & seal assembly.
2. RIH w/seal assembly & tbg. Sting into pkr. ND BOP.
4. Notifiy OCD of intent to pressure test well. Run pressure test 360 psig for 30 min on chart recorder. RDMO PU. RWTI.

Condition of Approval. Notify OCD Hobbs  
office 24 hours prior of running MIT Test & Chart

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sherry Pack TITLE Regulatory Analyst DATE 7/29/2011  
sherry\_pack@xtoenergy.com  
Type or print name Sherry Pack E-mail address: sherry\_pack@xtoenergy.com PHONE 432.620.6709

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 9-27-2011  
Conditions of Approval (if any):

SEP 27 2011