Submit 3 Copie To Appropriate District	State of New Me			Form C-103
Office District 1	Energy, Minerals and Natur	ral Resources	WELL API NO.	June 19, 2008
1625 N French Dr., Hobbs, NM 87240 District II  CONSEDVATION DIVISION			30-025-24	4090
District III 1000 Rio Brazos Rd , Aztec, NM 87410			5. Indicate Type of L	Lease
			STATE X	FEE 🗆 🐪
1000 Rio Brazos Rd , Aztec, NM 87410 District IV 1220 S St Francis Dr , Santa Fe, NM 2 87505	<b>3</b> 2012		6. State Oil & Gas L	ease No.
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)			7. Lease Name or Unit Agreement Name: North Vacuum ABO Unit	
1. Type of Well: Oil Well Gas Well Other Injector			8. Well Number	
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380	
3. Address of Operator			10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701			Vacuum; ABO, North	
4. Well Location				
Unit LetterL::	2000 feet from the Sou	ith line and	660 feet from	the West line
Section 10		Range 34E	NMPM	County Lea
	11. Elevation (Show whether 406)	DR, RKB, RT, GR, etc 0.3 GR	c)	
12. Check Ap	opropriate Box to Indicate	Nature of Notice, l	Report, or Other Da	ata .
NOTICE OF INTENTION TO: SUBSEQUENT I				ORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			x	ALTERING CASING
			P AND A	
				I AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	OR 🗀	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		. 🗆
13. Describe proposed or completed of starting any proposed work). or recompletion.	l operations. (Clearly state all pe SEE RULE 1103. For Multiple			
01/10/12 - 01/11/12: MIRU seal assbly. SWI. SDON.	J PU. ND WH & NU BOP. Rel	seal assbly fr per	rm pkr. POOH LD w/	' 27/8" bare tbg &
01/12/12: PU RIH w/2-3/8' (44-26) perm pkr w/E22 sea	' J55 new IPC tbg. Circ 18 al assbly. RU chart recor alled Maxey Brown for tst Final Report.	d and ran 360 psig	g for 30 min. RD M8	aker model D &S equip & record.
			-	7
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information a	bove is true and complete to the	e best of my knowledg	e and belief.	
SIGNATURE COM PERS	lesTIT			DATE 01/24/12
Type or print name Ann Perales E-mail address: PHONE 432-620-4336				
For State Use Only	Shown III	rle Comply	inco Mical	VE 1/25/2017
APPROVED BYConditions of Approval (if any):	<u>,                                     </u>	ILE CONTRACTOR	70)	1112 - 1 - 1 - 1 - 1 - 1
Conditions of Approval (it miy).				JAN 25 2012

