

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
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
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-26462
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2516
7. Lease Name or Unit Agreement Name Southeast Maljamar Grayburg San Andres
8. Well Number 507
9. OGRID Number 005380
10. Pool name or Wildcat Maljamar Grayburg San Andrews

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 WIW <input type="checkbox"/>	
2. Name of Operator XTO Energy Inc.	
3. Address of Operator 200 N. Loraine, Ste 800, Midland, Texas 79701	
4. Well Location Unit Letter <u>G</u> : <u>2615</u> feet from the <u>North</u> line and <u>2615</u> feet from the <u>East</u> line Section <u>29</u> Township <u>17S</u> Range <u>33E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application X or Closure <input type="checkbox"/>	
Pit type <u>steel</u> Depth to Groundwater <u>200'</u> Distance from nearest fresh water well <u>1000'+</u> Distance from nearest surface water <u>1000'+</u>	
Pit Liner Thickness: <u>mil</u> Below-Grade Tank: Volume <u>bbls</u> Construction Material <u></u>	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

RU PU. ND WH. NU BOP. POH w/1 jt tbg.
RU WL. RIH w/gauge ring to 4100'. Liner is 4" 11.34# N-80 liner fr/3696-4379'. POH w/gauge ring.
PU & RIH w/4" CIBP & set @ 4000' +/- RD WL.
Circ hole w/packer fluid.
Notify NM OCD & pressure test csg to 500 psi for 30 min.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE DeeAnn Kemp TITLE Regulatory DATE 6/12/05

Type or print name DeeAnn Kemp E-mail address: Telephone No. 432-620-6724

For State Use Only

APPROVED BY: Gary W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER 0002 & 2 N01
TITLE DATE
Conditions of Approval (if any):