Submit & Copies To Appropriate District Office State of New Mo		
District.1	Iral Resources June 19, 2008 WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District.II District.II District.II District.II	00.005.0000	
District III 1220 South St. Fra	ancis Dr. 5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NW 87410  District IV  Santa Fe, NM 8		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 2 8 2012 1270 S. St. Francis Dr., Santa Fe, NM 2 8 2012 1270 S. St. Francis Dr., Santa Fe, NM 2 8 2012	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WE	LLS 7. Lease Name or Unit Agreement Name:	
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10 PROPOSALS.)	OR PLUG BACK TO A North Vacuum Abo Unit	
1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number 152	
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 Letter B: 780' feet from the North line and 2135' feet from the East line		
Section 13 Township 175	Range 34E NMPM County 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  ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING	CASING/CEMENT JOB	
DOWNHOLE COMMINGLE		
OTHER:	OTHER: MIT	
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.		
10/31/12: Good MIT test performed. See chart copy attached. Original submitted to NMOCD.		
Spud Date: Rig Relea	ase Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE A LEDOQUE TOTLE REGulatory Analyst DATE 11/10/2012		
Type or print name <u>Stephanie Rabadue</u> E-mail address: PHONE <u>432-620-6714</u>		
For State Use Only		
APPROVED BY DATE 1-27-2012  Conditions of Approval (if any):  DEC 0 3. 2012		

