Submit 3 Copies To Appropriate District	State of New Mo	exico		Form C-103
District I	Minerals and Natu	iral Kesources	WELL API NO.	June 19, 2008
Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 87346885 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87400 District IV State of New Mexico Energy, Minerals and Natural Resources CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			30-025-24122	
1301 W. Grand Ave., Artesia, NM 88210	220 South St. Fra	ancis Dr	5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8	7505	STATE	x FEE □
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & G	as Lease 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 East Unit	
1. Type of Well: Oil Well Gas Well / Other Injection			8. Well Number	
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380	
3. Address of Operator			10. Pool name or Wildcat	
	TX 79701	,	Vacuum; Abo,	North
4. Well Location				
Unit Letter P : 460'f	eet from the Son	ith line and	660' feet fi	rom the <u>East</u> line
Section7	Township 178	Range 35E	NMPM	County Lea
11. Eleva	ntion (Show whether	DR, RKB, RT, GR, et	c.)	
12. Check Appropriate	Box to Indicate	Nature of Notice,	Report, or Othe	r Data
NOTICE OF INTENTION	TO	l SUB	SEQUENT RE	EPORT OF:
		1		
<u> </u>	ID ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON CHANGE		COMMENCE DRILL		P AND A
PULL OR ALTER CASING 🔲 MULTIPI	E COMPL	CASING/CEMENT J	ОВ 🗌	
DOWNHOLE COMMINGLE				
		ν		
OŢHER:		OTHER: MIT		X
13. Describe proposed or completed operations of starting any proposed work). SEE RULI or recompletion.				
10/30/2012: Good MIT test performed	l. See chart copy	attached. Origina	al submitted to	NIMOCD.
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Spud Date:	Rig Relea	se Date:		
I hereby certify that the information above is true	and complete to the	hest of my knowledge	e and belief	
r nereby certify that the information above is the	and complete to the	best of my knowledge	e and bener.	
SIGNATURE ATTOMACE KO	mlus TIT	LE Regulato:	ry Analyst	DATE <u>11/10/2012</u>
Type or print name <u>Stephanie Rabadue</u>		stephanie_rabadue@ ail address:	extoenergy.com	PHONE <u>432-620-6714</u>
For State Use Only		/		
APPROVED BY The Approved BY	TIT	LE <u>DIST. M</u>	GZ_	DEC 0 3 2012
Conditions of Approval (if any):			٢	DEC 0 3 2012
			•	Chro /

