

WELL API NO. 30-025-29434
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 301586
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well Number 290
9. OGRID Number 5380
10. Pool name or Wildcat VACUUM; ABO, NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDARY 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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
XTO ENERGY INC.

3. Address of Operator
200 LORAIN STE. 800
MIDLAND, TX 79701

4. Well Location
Unit Letter O : 460 feet from the SOUTH line and 1980 feet from the EAST line
Section 22 Township 17S Range 34E NMPM County LEA

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 ☐

OTHER: ☐

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.

MIRU. ND WH. NU BOP. TAG FILL

C/O FILL

TIH W/PKR, TST WS

PMP 4000 GALS 15% HCL + 300 BALL SEALERS. MAX PSI = 7000. FLUSH W/FW

PMP 4000 GALS 15% HCL & 300 BALL SEALERS.

FLW BACK. SWB.

LOAD BS W/FW @400 PSI.

PMP 25000 GALS 20% CROSSLNKD HCL & 11500 GALS 20% GELLED HCL, MAX PSI = 7500.

SI 3-4 HRS AFTER ACD FRAC

POH W/PKR & WS

TIH W/PROD TBG, RODS, PMP. RDMO.

WELL ON PRODUCTION

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 M. Lyn Marr TITLE Production Analyst DATE 10/17/2005

Type or print name M. Lyn Marr E-mail address: MaryLyn_Marr@xtoenergy.com Telephone No 432-620-6714

For State Use Only

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Hayden Wink TITLE _____ DATE OCT 24 2005

Conditions of Approval (if any):