

Submit 3 Copies to Appropriate District Office
 District I
 7625 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

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| WELL API NO. 30-025-29622 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 23000 |
| 7. Lease Name or Unit Agreement Name Eunice Monument South Unit |
| 8. Well Number 462 |
| 9. OGRID Number 5380 |
| 10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres |

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 Gas Well Other Convert to Producer

2. Name of Operator
XTO ENERGY INC.

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

4. Well Location
 Unit Letter L : 2590 feet from the S line and 50 feet from the W line
 Section 9 Township S21 Range 36E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

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

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.

PROCEDURE TO CONVERT TO PRODUCER

MIRU, NDWH, NUBOP, RIH W/CSG SCRPR
 RIH, SET CIBP @4275', DUMP 35' ON TOP, TST CSG TO 500 PSI
 PERF UPPER SAN ANDRES 4118-40, 4160-70, 4186-94
 ACD W/4.5 BBLs ACD ACROSS PERFS, ACD W/3000 GALS 15% NEFE HCL 30 BALLS/EVERY 10 BBLs
 SWB
 RIH W/PROD EQPT.

SUPPLEMENTAL PROCEDURE FOR RUNNING LINER

POOH W/PKR AND RBP
 RIH TO CIBP W/5 1/2" FLOAT SHOE, 1 JT 5 1/2" CSG, LND COLLAR 1000' 5 1/2" CSG AND LNR, CMT LNR, POH, WOC
 D/O CMT TOP OF LNR, TST LNR TOP TO 500 PSI, POH
 C/O LNR, TST TO 500 PSI, POH
 PERF/ACD AS ABOVE

SUPPLEMENTAL PROCEDURE FOR SQUEEZING LEAK

ISOLATE LEAK, TST INJ RATE/PSI, POH W/PKR AND RBP
 RIH W/CICR TO 50' ABOVE LEAK, CIRC THRU CICR, SQZ LEAK
 RIH W/ BIT AND DO CICR AND CMT TO 4240', TST SQZ TO 500 PSI, POH
 CONTINUE W/PERF & ACD FROM ABOVE PROCEDURE

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 REGULATORY ANALYST DATE 11/18/2005

Type or print name M. LYN MARR E-mail address: Lyn_Marr@xtoenergy.com Telephone No. 432-620-6714

For State Use Only

APPROVED BY: Larry W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE DEC 09 2005

Conditions of Approval (if any):