| Office  | State of Nev                       | w Mexico                      | Form C-103   |
|---|------------------------------------|-------------------------------|--|
| District I  | Energy, Minerals and               | Natural Resources             | May 27, 2004   |
| 1625 N. French Dr., Hobbs, NM 88240   |                                    |                               | WELL API NO.   |
| District II  1301 W. Grand Ave. Artesia, NM 88210   | OIL CONSERVAT                      | TION DIVISION                 | 30-025-21902   |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION  District III 1220 South St. Francis Dr.                                |                                    | 5. Indicate Type of Lease     |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505   |                                    | STATE X FEE                   |  |
| District IV   | Santa Fe, N                        | M 8/303                       | 6. State Oil & Gas Lease No.                           |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |                                    |                               | 23000  |
|   | ICES AND REPORTS ON W              | FIIS                          | 7. Lease Name or Unit Agreement Name                   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |                                    |                               | ENICE MONUMENT SOUTH UNIT                              |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |                                    |                               | ENTER MONOMENT SOUTH CIVIL                             |
| PROPOSALS.)   |                                    |                               | 8. Well Number 282                                     |
| 1. Type of Well: Oil Well X Gas Well Other  |                                    |                               |  |
| 2. Name of Operator   |                                    |                               | 9. OGRID Number 5380                                   |
| XTO ENERGY INC.   |                                    |                               |  |
| 3. Address of Operator  |                                    |                               | 10. Pool name or Wildcat EUNICE-                       |
| 200 LORAINE STE 800 MIDLAND, TX 79701   |                                    |                               | MONUMENT; GRABYBURG-SAN ANDRES                         |
| 4. Well Location  |                                    |                               |  |
| Unit Letter A : 660 feet from the NORTH line and 760 feet from the EAST line  |                                    |                               |  |
| The date  |                                    |                               |  |
| Section A-6   | Township 21S                       | 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  |                                    |                               |  |
| NOTICE OF INTENTION TO:   |                                    |                               |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |                                    |                               |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK X ALTERING CASING  |                                    |                               |  |
| TEMPORARILY ABANDON   |                                    |                               |  |
| PULL OR ALTER CASING  | MULTIPLE COMPL                     | CASING/CEMEN                  | T JOB 🔲  |
| OTHER   | <u></u>                            |                               |  |
| 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.  |                                    |                               |  |
| CHANG   |                                    |                               |  |
| CHANG   | E OUT EQUIPMENT                    |                               |  |
|   |                                    |                               |  |
|   |                                    |                               | 5,0212223  |
| C 10 10 #   |                                    |                               |  |
| 6/8/05  | MIRU PU, ND KUDU DRV               | HD INSTAL. POH W/P            | R, REMOVE STUFFING BOX                                 |
| •   | (LEAKING)                          |                               | (6) ~ ~ ~ (2)  |
|   | REPLACE STUFF. BOX ON              | DH W/OCEAN ENGR S             | STUF BOX (NEŴ)?  |
|   | RIHW/1-1/2' X 26' SM PR            |                               |  |
|   | NU KUDU DR HEAD. RDM               | O                             |  |
|   | RWTP.                              |                               | 100  |
|   |                                    |                               | · ·  |
|   |                                    |                               |  |
|   |                                    |                               |  |
|   |                                    |                               |  |
| I hereby certify that the information   | ahove is true and complete to      | the best of my lenevilede     | e and belief. I further certify that any pit or below- |
| grade tank has been/will be constructed or  | closed according to NMOCD guide    | die desi of my knowledg       | or an (attached) alternative OCD-approved plan .       |
| 8   | crosses according to 14440CD gaide | inica [], a general permit [] | or an (attached) after hative OCD-approved plan        |
| SIGNATURE   | TITLE REC                          | GULATORY ANALYST              | DATE 12/05/2005  |
|   |                                    |                               |  |
| Type or print name M. LYN MA  | ARR E-mail address:                | Lyn Marr@xtoenergy.           | .com Telephone No. 432-620-6714                        |
| For State Use Only  |                                    |                               |  |
|   |                                    |                               |  |
| APPROVED BY: Jay W. WILL TITLE HELD REPRESENTATIVE II/STAFF MANAGER DEC 1 2 2005  |                                    |                               |  |
| Conditions of Approval (if any):  |                                    |                               |  |
| Conditions of Approval til allu-  | -                                  |                               |  |