

Submit 3 Copies to Appropriate District Office
District I
1625 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

WELL API NO. 30-025-37286
5. Indicate Type of Lease STATE FEE X
6. State Oil & Gas Lease No. 300649
7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
8. Well Number 408
9. OGRID Number 5380
10. Pool name or Wildcat ARROWHEAD;GRAYBURG

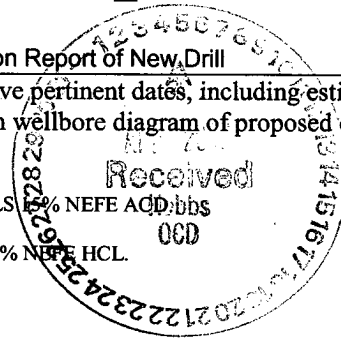
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator XTO ENERGY INC.	
3. Address of Operator 200 LORAIN STE 800 MIDLAND, TX 79701	
4. Well Location Unit Letter <u>E</u> ; <u>2300</u> feet from the <u>NORTH</u> line and <u>1080</u> feet from the <u>WEST</u> line Section <u>18</u> Township <u>22-S</u> Range <u>37-E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3432 GL 3443 KB	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completion Report of New Drill <input checked="" type="checkbox"/>
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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.

9/22/2005	TAG DV TOOL @4093', PERF 4090-4095, W JSPF, 10 HOLES. SPOT 250 GALS 15% NEFE ACD bbls
11/320/05	ACD PERFS W/750 GALS 15% NEFE HCL. SWB
11/820/05	SET CIBP @4085', PERFD 3993-4000, 14 HOLES 2 JSPF. ACD W/250 GALS 15% NEFE HCL.
11/12/2005	PERF 3731-3856, 64 HOLES W/4 JSPF. ACD W/1750 GALS 20% HCL. SWB
	RIH W/SUB PMP. WOOD GROUP 186 STG TD 1200.
3/14/2006	MIRU, SET CIBP @3900', 35' CMT ON TOP. DIAMOND SEAL W/254 BBLs 9# BRINE & 325# SEAL.
3/17/2006	PERF GRAYBURG 3675 - 3738, 6 JSPF, 210 HOLES. ACD W/ 1500 GALS 20% NEFE HCL. SWB.
3/23/2006	RIH W/WOOD GROUP 101 HP, 1422V, 46A MOTOR - 100 STG TD 1750 SUB PMPs. 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 REGULATORY ANALYST DATE 3/27/2006

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: [Signature] TITLE PETROLEUM ENGINEER DATE APR 10 2006
Conditions of Approval (if any): _____