Office	Appropriate District State of New Mexico Energy, Minerals and Natural Resources	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION		30-025-29203 5. Indicate Type of Lease
1000 Pio Brozos Rd. Aztec. NM 87410	th St. Francis Dr.	STATE FEE X
District IV Santa I	Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
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		7. Lease Name or Unit Agreement Name JORDAN B
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other		8. Well Number 2
2. Name of Operator XOG OPERATING, LLC		9. OGRID Number 236790
3. Address of Operator		10. Pool name or Wildcat
P. O. BOX 352, MIDLAND, TX 79702		(79880) Laguna; Seven Rivers
4. Well Location		
Unit Letter G: 1980 feet from the North line and 2310 feet from the East line Section 11 Township 20S Range 35E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application or Closure		
		tance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: \		onstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDO		
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DR	
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMEN	T JOB : []
OTHER:	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.		
•		
1. Notify OCD before commencement of operations.		
2. MIRU pulling unit. Nipple up BOP.		
3. TOH with tubing.		
4. PU 10 3/4" CIBP, TIH & set @ 4,050".		
4. PU 10 3/4" CIBP, TIH & set @ 4,050". 5. Dump 30' cement on CIBP. 6. Pressure test casing & plug to 500 psi as per NMOCD guidelines & request A status. Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further settify that any out or below.		
6. Pressure test casing & plug to 500 psi as per NMOCD guidelines & request TA		
status.		(2) We goes
		Received 8
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		OCD ON
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 May Naugo	TITLE Production Ar	DATE 6/15/06
Type or print name Angie Crawford	E-mail address: acrawfor	rd@ Telephone No.
For State Use Only	The state of the s	perating.com 432-683-3171
APPROVED BY: Lary Whinh TITLE		
Conditions of Approval (if any):		