

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. <u>30-025-24391</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <u>003355</u>
7. Lease Name or Unit Agreement Name <u>Southeast Maligamar Grayburg San Andres Unit</u>
8. Well Number <u>108</u>
9. OGRID Number
10. Pool name or Wildcat <u>Grayburg / San Andres</u>

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 ☒

2. Name of Operator
XTO Energy

3. Address of Operator
P.O. Box 700 Eunice N.M. 88231

4. Well Location
Unit Letter _____: 100 feet from the South line and 2,590 feet from the East line
Section 29 Township 17S Range 33E 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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.

Well was Trd in June 2003. CIBP was set @ 4,218'
XTO reactivated well and converted to injection by Drilling
out CIBP and acidizing perforations 4,255' - 4,292'.
An injection Packer was set on 2-3/8 thq @ 4,188'. NM OCD
notified of intent to run MIT test on well and approval
given for Test. 5-1/2" csq above Packer was pressured to
650 psi and Tested OK for 30 min.
Awaiting approval from NM OCD to inject water into well.

WFX - 820

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 Guy Pearce TITLE Prod. Foreman DATE 9-18-2006

Type or print name Guy Pearce
For State Use Only

E-mail address: guy-pearce@xtenergy.com Telephone No. (505) 441-1637

APPROVED BY: Gary W. Wink
Conditions of Approval (if any)

TITLE _____ DATE _____

