

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. 30-025-34299
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Arrowhead Grayburg Unit
8. Well Number 390
9. OGRID Number 005380
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"/>	7. Lease Name or Unit Agreement Name Arrowhead Grayburg Unit
2. Name of Operator XTO Energy Inc.	8. Well Number 390
3. Address of Operator 200 N. Loraine, Ste 800, Midland, Texas 79702	9. OGRID Number 005380
4. Well Location Unit Letter <u>P</u> : <u>1130</u> feet from the <u>South</u> line and <u>1070</u> feet from the <u>East</u> line Section <u>12</u> Township <u>22S</u> Range <u>36E</u> NMPM Lea County	10. Pool name or Wildcat Arrowhead Grayburg
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3455'	
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 ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: Clean-out & stimulate ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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. POH with rods and pump. Set BOP. Tag TD and POH. TIH with bit and cleanout to TD. POH.
2. POH and TIH with Sonic Hammer and jet wash open hole with brine water. TOH.
3. Hydrotest in hole with 5 jts of tailpipe, 7" packer and workstring. Set packer at 3600'. Press annulus to 500 psi to test casing
4. Rig up acid company and pump acid job as follows: Heat 5000 gals of water for acid to 180 degees F. Max Rate/Pressure: 5 BPM/Surf Pressure 2500 psi. Adjust blocks based on treating pressure.
 - a. Establish injection rate with produced water.
 - b. Pump 1,250 gals of 20% NEFE foamed to 50 Q with Nitrogen.
 - c. Pump 1,000 gals of 30# gelld brine and 1000 # of rock salt foamed to 50 Q with Nitrogen.
 - d. Pump 1,250 gals of 20% NEFE foamed to 50 Q with Nitrogen.
 - e. Pump 1,000 gals of 30# gelld brine and 1000 # of rock salt foamed to 50 Q with Nitrogen.
 - f. Pump 1,250 gals of 20% NEFE foamed to 50 Q with Nitrogen.
 - g. Pump 1,000 gals of 30# gelld brine and 1000 # of rock salt foamed to 50 Q with Nitrogen.
 - h. Pump 1,250 gals of 20% NEFE foamed to 50 Q with Nitrogen.
 - i. Flush with 1500 gals of brine water foamed to 50 Q with Nitrogen.
 - j. Shut well in for 2 hours.

5. Open well back to pit through 8/64" choke and staked down flow line to frac tank. Let well flow down and open another 8/64ths. Continue until well dies. Rig up swab and swab until it is determined productivity and oil/gas cut of well.
6. Pull tailpipe, packer, and tubing. Select production equipment and return well to 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 DeeAnn Kemp TITLE Regulatory DATE 10/12/06

Type or print name DeeAnn Kemp E-mail address:

For State Use Only

APPROVED BY: Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 18 2006
Conditions of Approval (if any):

Telephone 505-262-6724