

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-34843
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 330
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"/>	
2. Name of Operator XTO Energy Inc.	
3. Address of Operator 200 N. Loraine, Ste 800, Midland, Texas 79701	
4. Well Location Unit Letter <u>M</u> : <u>1281</u> feet from the <u>South</u> line and <u>1310</u> feet from the <u>West</u> line Section <u>36</u> Township <u>21S</u> Range <u>36E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3532'	
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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: Clean - out & Simulate <input type="checkbox"/>		OTHER: <input 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.

- POH with rods and pump. Set BOP. Tag PBTD and POH. TIH with bit and cleanout to PBTD. POH.
- TIH with RBP and 7" packer. Set RBP at 3810 and spot 2 bbls of 20% Acid. Pull packer to 3740' and set. Acidize with 1000 gals of 20% NEFE Acid. If perfs communicate, go to flush and Shut well in for 2 Hours. Max Rate/Pressure: 2 BPM/900 psi.
- Open well back to pit through 8/64". Let well flow down and open another 8/64ths. Rig up swab.
- Pull RBP to 3750'. Reset. TOH with packer.
- TIH with 3 3/8" casing gun and perforate 6 JSPF, 60 degree phasing in the following intervals:  
3703-06 (3', 18 shots), 3716-22 (7', 42 shots), 3731-35 (4', 24 shots)
- TIH with tubing and Packer. RIH with packer to 3740'. Spot 2 bbls of 20% Acid. Pull packer and set at 3600'.
- Rig up acid company and pump acid job as follows: Max Rate/Pressure: 3 BPM/900 psi  
Establish injection rate with produced water.  
Pump 1,000 gals of 20% NEFE 90/10 acid (Resisol II). Pump 1,000 gals of 30# gelled brine and 1000 # of rock salt.  
Pump 1,000 gals of 20% NEFE 90/10 acid (Resisol II) Pump 1000 gals of 30# gelled brine and 500 gals of rock salt.  
Pump 1,000 gals of 20% NEFE 90/10 acid (Resisol II). Flush with 30 bbls of produced water with non-ionic surfactant.  
Shut well in for 2 hours.
- Open well back to pit through 8/64". Let well flow down and open another 8/64ths. Rig up swab.
- Pull RBP, packer, and tubing. 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:

Telephone No. 432-620-6724

For State Use Only

APPROVED BY: Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER

Conditions of Approval (if any):

DATE OCT 18 2006