

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. 30-025-37896
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 North Vacuum Abo Unit
8. Well Number 304
9. OGRID Number 005380
10. Pool name or Wildcat Vacuum; Abo, North

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>J</u> : <u>2594</u> feet from the <u>south</u> line and <u>1562</u> feet from the <u>East</u> line Section <u>12</u> Township <u>17S</u> Range <u>34E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
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 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 checked="" 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 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.

6/13/06 Spud well 6/12/06 @ 0800 hrs.

6/14/06 Ran 40 jts 8-5/8", 24#, J-55 csg to 1,723'. Circ & cmt'd csg w/750sx Class "C" + additives followed by 200sx Class "C" + additives. Circ 151sx to pit. WOC.

7/1/06 Run 5-1/2" csg to 8,932', circ, cmt'd csg on 1st stg w/520sx 50:50 Poz H + 0.8% ASA-301, 10% gel, 0.3% R-21, 0.5% FL-25 (11.8 ppg, 2.29 yield) followed 230sx Poz C / CSE + 0.7% FL-25, 0.3% Sod Metas, 0.7% FL-52A (13.2 ppg, 1.63 yield). Circ 76sx cmt off tool. Cmt'd 2nd stg w/1,210sx 50:50 Poz H + 10% gel, 3 pps LCM-1, 0.8% ASA-301, 0.5% FL-25, 0.1% R-21 (11.8 ppg, 2.3 yield) followed by 200sx Class "C" neat (14.8 ppg, 1.33 yield) circ 250sx to surface. ND BOPE & set slips w/12,000#. Cut off csg & NU wellhead & SI flange. Release rig @ 00:30 7/1/06.

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 10/9/06

Type or print name DeeAnn Kemp E-mail address:

Telephone No. 432-620-6724

For State Use Only

APPROVED BY: Chris Williams TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE _____

Conditions of Approval (if any):