

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

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.)		WELL API NO. 30-025-37953
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO Energy Inc.		6. State Oil & Gas Lease No. 301573
3. Address of Operator 200 N. Loraine, Ste 800, Midland, Texas		7. Lease Name or Unit Agreement Name New Mexico J State EM
4. Well Location Unit Letter <u>M</u> : <u>490</u> feet from the <u>South</u> line and <u>790</u> feet from the <u>West</u> line Section <u>19</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>Lea</u> County <u>Lea</u>		8. Well Number <u>6</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3989'		9. OGRID Number 005380
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Vacuum; Wolfcamp
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: ☐

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.

7/26/06 RU Patterson rig & spud well 7/25/06 @ 1400 hrs.
7/28/06 Run 39 jts of 9-5/8", 36#, J-55 STC csg, circ, cmt'd w/610sx Class "C", 4% Gel, CaCl, 100% Excess tail 150sx Class "C", 2% CaCl₂. Circ 177sx cmt to pits, WOC, cut off conductor, weld on head & NU BOPE.
8/16/06 Run 190 jts, 7", 26#, P-110 csg set @ 8,840', circ, cmt'd 1st stg w/500sx 50:50 Poz "H" + 0.8% ASA-301, 10% gel, 0.3% R-21, 0.5% FL-25 (11.8 ppg, 2.29 yld) followed by 340sx Class "H" + 0.2% FL-25, .15% SMS, 0.5% ASA-301, 1% FL-62 (15.6 ppg, 1.19 yld). Opened DV tool & circ 4 hrs. Circ 275sx cmt off DV tool. Cmt'd 2nd stg w/1,500sx 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, 2.29 yld) followed by 200sx Class "C" neat (14.8 ppg, 1.33 yld). Circ 436sx cmt to surf. ND BOP stack & set csg slips. Cut off csg & NU B section. Rig release.

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 10/10/06

Type or print name DeeAnn Kemp E-mail address: _____ Telephone No. 432-620-6724

For State Use Only

APPROVED BY: Chris Williams TITLE DISTRICT SUPERVISOR/GENERAL MANAGER

Conditions of Approval (if any):

DEC 15 2006