

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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

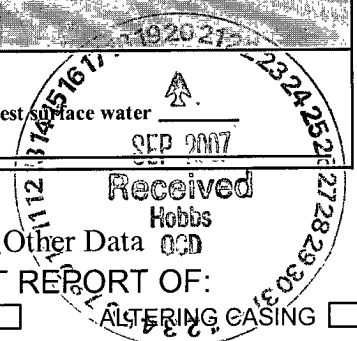
Form C-103
May 27, 2004

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

WELL API NO. 30-025-25092
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: H T Mattern NCT D
8. Well Number 15
9. OGRID Number 005380
10. Pool name or Wildcat Tubb Oil & Gas

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: H T Mattern NCT D
2. Name of Operator XTO Energy, Inc.	8. Well Number 15
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701	9. OGRID Number 005380
4. Well Location Unit Letter <u>D</u> : <u>400'</u> feet from the <u>North</u> line and <u>860'</u> feet from the <u>West</u> line Section <u>7</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Tubb Oil & Gas
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Change of Operator Lease Name <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.

Due to the Change of Operator effective September 1, 2007 on the above well, the original lease name had to be changed to "XTO H T Mattern NCT D #15" in order for the Change of Operatorship to take place. Once the "Change of Operatorship" is approved, XTO would like to change back to the original name of the lease to "H T Mattern NCT D #15".

PROPERTY NO. 300652
POOL CODE _____
EFF. DATE 9/1/07
WELL NO. 30-025-25092

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 Kristy Ward TITLE Regulatory Analyst DATE 09/17/07
E-mail address: kristy_ward@xtoenergy.com
Type or print name Kristy Ward Telephone No. 432-620-6740

For State Use Only
APPROVED BY Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE DEC 18 2007
Conditions of Approval, if any: