

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

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

Form C-103
May 27, 2004

WELL API NO. 30-025-23646
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.

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.)		7. Lease Name or Unit Agreement Name: North Vacuum ABO Unit
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input checked="" type="checkbox"/>		8. Well Number #146
2. Name of Operator XTO Energy, Inc.		9. OGRID Number 005380
3. Address of Operator 200 N. Lorraine, Ste. 800 Midland, TX 79701		10. Pool name or Wildcat Vacuum; ABO, North
4. Well Location Unit Letter <u>B</u> : <u>534</u> feet from the <u>NORTH</u> line and <u>2134</u> feet from the <u>EAST</u> line Section <u>14</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>LEA</u>		
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 type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Repair Injector <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.

1/17/08 MIRU PU. ND WH. NU BOP. POOH LD w/273 jts pf 2-3/8" bare tbq & seal assbly.
1/18/08 PU & RIH w/2.81" anchor seal assembly & 80 jts 2-3/8" 4.7#, J-55. EUE. 8rd IPC YB tbq. Tstd tbq to 5,000 psi below slips.
1/19/08 PU & RIH w/181 jts 2-3/8" 4.7#, J-55. EUE. 8rd IPC YB tbq. Tstd tbq to 5,000 psi below slips.
Set seal assbly @ 8,462'. L & T TCA w/.1 bbl of pkr fluid to 500 psig. Rel seal assbly. Circ well w/210 bbls of pkr fluid. ND BOP. Set seal assbly @ 8,462'. RU chart recorder for MIT. Wouldn't chart.
2/22/08 RU chart recorder for MIT. L & T TAC to 500 psig for 30". RWTI.

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 Sherry Pack TITLE Regulatory Analyst DATE 2/20/2008

Type or print name Sherry Pack

E-mail address: sherry_pack@xtoenergy.com

Telephone No. 432.620.6709

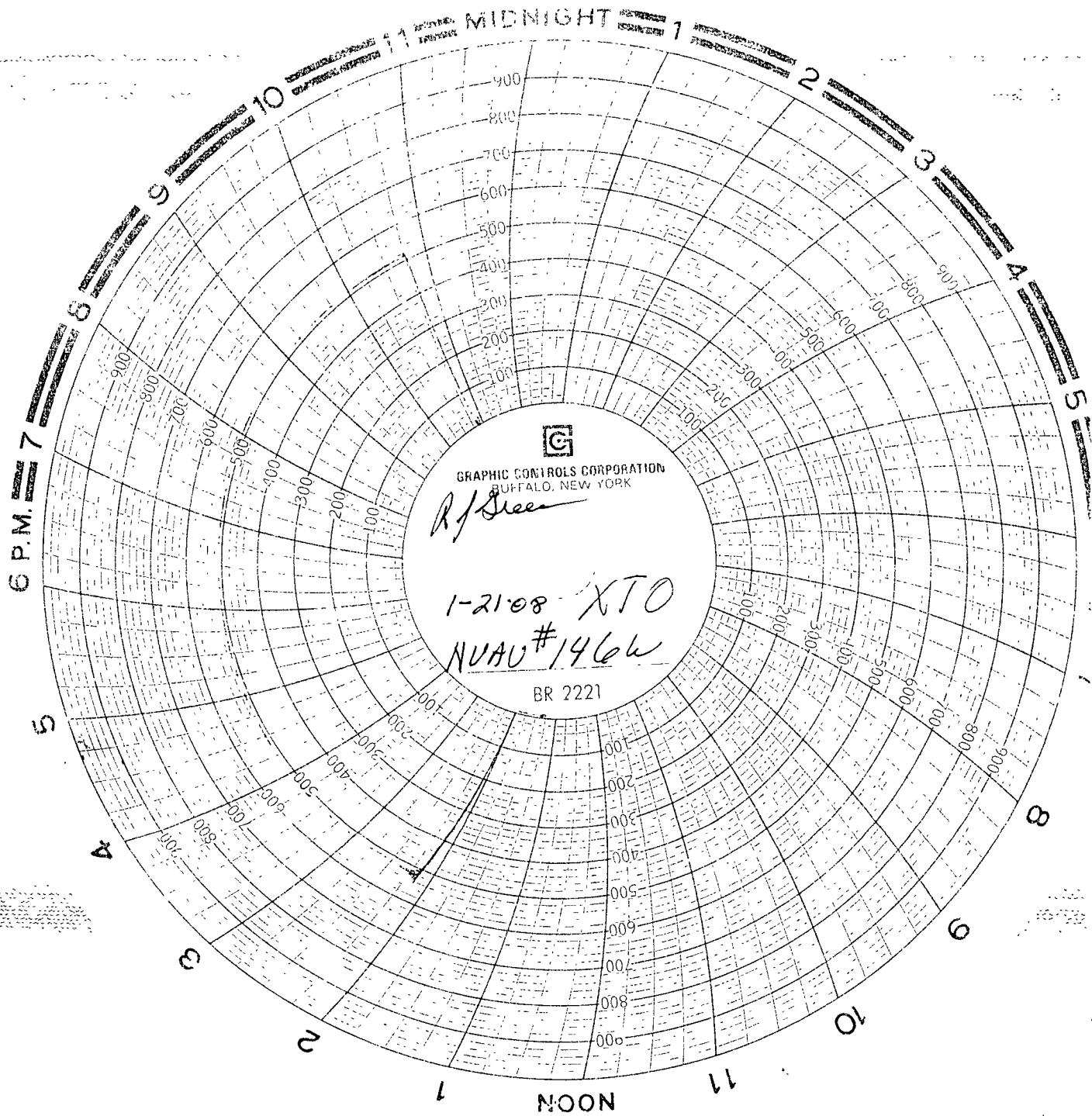
For State Use Only

APPROVED BY Chris Williams

OCD DISTRICT SUPERVISOR/GENERAL MANAGER

TITLE _____ DATE FEB 26 2008

Conditions of Approval, if any:



1-21-08
Lobe Trucking
Calibration Date 12-6-07
Unit #7 Ben Monsalve
Monsalve Sandra

REC'D MIDLAND
JAN 24 2008