

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

RECEIVED

OIL CONSERVATION DIVISION

APR 29 2009

1220 South St. Francis Dr.
Santa Fe, NM 87505**HOBBSUCD**

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. 30-025-34664
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XOG OPERATING, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1801 W. Texas, Midland, TX 79701		7. Lease Name or Unit Agreement Name Genesis State
4. Well Location Unit Letter <u>I</u> : 1830 feet from the <u>South</u> line and 660 feet from the <u>East</u> line Section <u>18</u> Township <u>20S</u> Range <u>36E</u> NMPM <u>Lea</u> County		8. Well Number <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 236790
10. Pool name or Wildcat Eumont Yates 7 Rivers Queen		

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 ☐
 DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: ☐OTHER: Mechanical Integrity Test ☒

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.

04/06/09 Called Robert Harrison with NMOCD before test. He could not be at location at scheduled time and granted permission to go ahead with test.

A MIT was performed on this well. The casing was pressured to 360 psi over a 30 minute period. The test was deemed successful. The chart is attached.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Production AnalystDATE 4/24/09

acrawford@xogoperating.com 432-683-3171

Type or print name Angie Crawford

E-mail address:

PHONE:

For State Use Only

APPROVED BY:

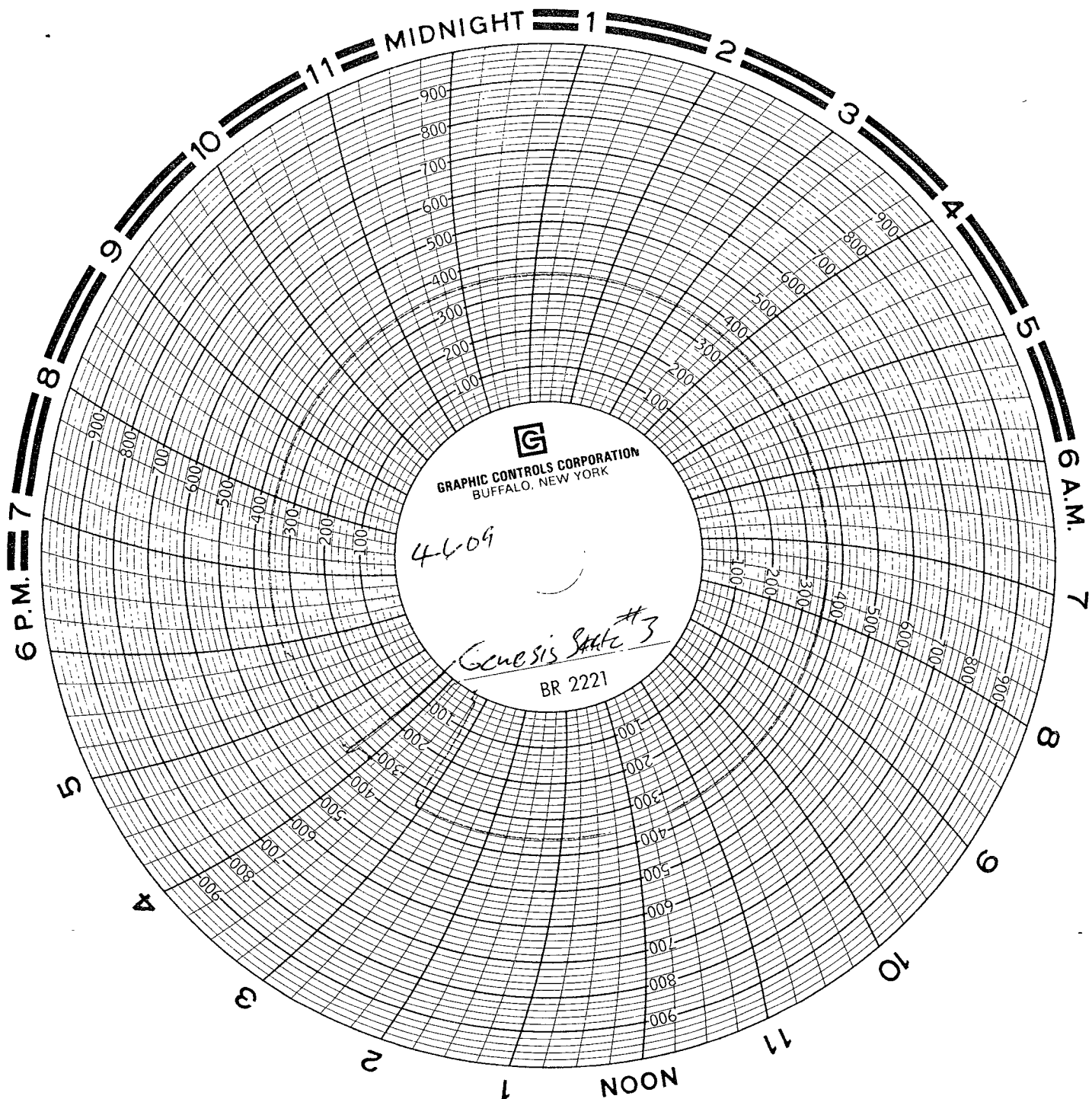
TITLE

DISTRICT 1 SUPERVISOR

DATE

APR 30 2009

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

46-09

Genesis Suite #3

BR 2221

7 FH

Jesus A. Gauthier

X06

Chad M. Bell

46.09