

June 19, 2008

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

RECEIVED
MAY 24 2010
HOBBSOCD

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

WELL API NO. 30-025-23695	✓
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 155	✓
9. OGRID Number 005380	✓
10. Pool name or Wildcat Vacuum; Abo, North	✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 ☐ Gas Well ☐ Other Injection

2. Name of Operator

XTO Energy, Inc.

3. Address of Operator

200 N. Loraine, Ste. 800 Midland, TX 79701

4. Well Location

Unit Letter D: 560' feet from the North line and 560' feet from the West line

Section 23 Township 17S Range 34E NMPM County Lea

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 ☐

OTHER: Repair Injector

☒

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.

XTO intends to rig up on subject well and determine root cause of MIT failure. Once failure cause is determined then the well will be brought back into compliance. XTO will submit a timely subsequent notice once work is completed.

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 Kristy Ward TITLE Regulatory Analyst DATE 5/19/10

kristy_ward@xtoenergy.com

Type or print name Kristy Ward E-mail address: kristy_ward@xtoenergy.com PHONE 432-620-6740

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 5-24-10

Conditions of Approval (if any):