

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

June 19, 2008

RECEIVED

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

JUL 02 2010

HOBBSOCD

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. 30-025-22001
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>XTO Energy, Inc.</u>		6. State Oil & Gas Lease No.
3. Address of Operator <u>200 N. Loraine, Ste. 800 Midland, TX 79701</u>		7. Lease Name or Unit Agreement Name: <u>North Vacuum Abo Unit</u>
4. Well Location Unit Letter <u>F</u> : <u>2030'</u> feet from the <u>North</u> line and <u>1830'</u> feet from the <u>West</u> line Section <u>24</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well Number <u>119</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>005380</u>
		10. Pool name or Wildcat <u>Vacuum; Abo, North</u>

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.

1. Pull out of hole with old tubing
2. RIH with new IPC injection tubing
3. Notify OCD of MIT
4. Run MIT
5. Place well back on injection

Condition of Approval : Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart

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 06/30/10
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 7-6-10
Conditions of Approval (if any): Cott