

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

JUL 20 2010

HOBBSOCD

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

WELL API NO. 30-025-21828
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 #117
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJECTION</u>	7. Lease Name or Unit Agreement Name: North Vacuum ABO Unit
2. Name of Operator XTO Energy, Inc.	8. Well Number #117
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701	9. OGRID Number 005380
4. Well Location Unit Letter <u>P</u> : <u>660'</u> feet from the <u>South</u> line and <u>460'</u> feet from the <u>East</u> line Section <u>23</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Vacuum; ABO, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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: Replace Tubing & RWTI

☒

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 the 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 7/15/10  
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 7-21-10  
Conditions of Approval (if any):