

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 87400
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

MAR 16 2011

HOBBSOCD

CONSERVATION DIVISION

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

WELL API NO. 30-025-24519 ✓
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 East Unit ✓
8. Well Number 10 ✓
9. OGRID Number 005380
10. Pool name or Wildcat Vacuum; ABO, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4006' GL

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 Injection Well <input type="checkbox"/>	2. Name of Operator XTO Energy, Inc.
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701	4. Well Location Unit Letter <u>L</u> : <u>2100</u> feet from the <u>South</u> line and <u>800</u> feet from the <u>West</u> line Section <u>18</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4006' GL	

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 and 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. MIRU PU, POOH w/tbg
2. RIH w/latch seal assy, RU pump truck, circ 155bbls pkr fluid, latch onto perm pkr
3. L&T TCA w/1bbl pkr fluid to 500 psig
4. RIH w/new inj tbg
5. Contact OCD to witness MIT test - test for 30 min at 540psig & RDMO, RWTI.

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 Patty Urias TITLE Regulatory Analyst DATE 3/14/11
Type or print name Patty Urias E-mail address: patty_urias@xtoenergy.com PHONE 432-620-4318

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 3-17-2011
Conditions of Approval (if any):

NORTH VACUUM ABO EAST UNIT #10

ELEV: GL: 4006'
KB: 4016'

