Submit 3 Copies To Appropriate District	State of New Me			Form C-103
Office EI	nergy, Minerals and Natu	iral Resources	THE PARTY OF THE P	June 19, 2008
District I 1625 N. French Dr., Hobbs, NM 87246 CEIVED NGED VA TION DIVISION			WELL API NO. 30-025-34853	
1201 W. Grand Ave. Artesia, NM 88210 UIL CONSERVATION DIVISION			5. Indicate Type of I	
District III APR 0 7 2011 1220 South St. Francis Dr.			STATE X	FEE 🗆
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NBBSOCD			6. State Oil & Gas L	
1220 S. St. Francis Dr., Santa Fê, NM 9 9 9 9 9 8 87505			6. State Off & Gas L	ease No.
SUNDRY NOTICES AND CONTROL OF THIS FORM FOR PROPOSALS OF THE PROPOSALS. 1. Type of Well Gas Well Coll Well Gas Well To Energy, Inc. 3. Address of Operator	ON FOR PERMIT" (FORM C-10 Other	OR PLUG BACK TO A 11) FOR SUCH	7. Lease Name or Un Eunice Monument S 8. Well Number 737 9. OGRID Number 00538 10. Pool name or Wi Eunice Monument;	O ildcat Grayburg-San Andres
Section 15	Township 21S	Range 36E	NMPM	County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
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NOTICE OF INTENTION TO: SUBS			SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING
<u></u>	ANGE PLANS	COMMENCE DRILLI		P AND A
		CASING/CEMENT JO		
	JLTIPLE COMPL L	CASING/CEMENT JO		
DOWNHOLE COMMINGLE				
OTHER: Acid Stimulation	X	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/prod equip, tag fill, PUH above perfs				
2. RIH & acdz Grayburg perfs fr 3775-3899' w/3000gls acid				
3. RIH w/prod equip and RWTP				
			,	
<u></u>				_
Spud Date:	n's nates	Data		
Spud Date.	Rig Relea	se Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Regulatory Analyst DATE 4/5/11 patty urias@xtoenergy.com				
Type or print name Patty Urias E-mail address: PHONE 432-620-4318				
For State Use Only				1/ /- 2
APPROVED BY TITLE SAH MAR DATE 4-12-2011				
Conditions of Approval (if any):				