

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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>WIW</u>	WELL API NO. 30-025-01542
2. Name of Operator XTO Energy Inc.	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 3000 N. Garfield, Suite 175 Midland, Texas 79705	6. State Oil & Gas Lease No. B-2516
4. Well Location Unit Letter <u>M</u> : <u>660</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>29</u> Township <u>17S</u> Range <u>33E</u> NMPM <u>Lea</u> County	7. Lease Name or Unit Agreement Name: SEMGSAU
8. Well No. 604	
9. Pool name or Wildcat Maljamar Grayburg San Andres	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4050' RKB	

11. 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 COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

Well has been shut-in since November, 2001 with a casing leak. Plans are to MI & RU well service unit on 1/22/02 and run a 5" tie-back liner to surface to repair the leak in the 7" casing. The OCD will be notified to witness the mechanical integrity test before returning the well to active status.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Janice Courtney TITLE Regulatory Tech DATE 1/22/02
Type or print name Janice Courtney Telephone No. 915/682-8873

(This space for State use)

APPROVED BY _____ TITLE _____ DATE JAN 30 2002
Conditions of approval, if any: _____