Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-01545 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE **x** FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-2229 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) SEMGSAU 1. Type of Well: Gas Well Oil Well Other Injection 8. Well No. 2. Name of Operator 403 XIO Energy Inc. 9. Pool name or Wildcat 3. Address of Operator Maljamar Grayburg Sand Andres 3000 N. Garfield, Suite 175 Midland, Texas 79705 4. Well Location 1980 North 1980 feet from the Unit Letter feet from the line and line Township **17**S Range 33E County 29 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 4071 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PERFORM REMEDIAL WORK **ALTERING CASING** PLUG AND ABANDON COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT** CASING TEST AND PULL OR ALTER CASING MULTIPLE COMPLETION **CEMENT JOB** \mathbf{x} OTHER: Braidenhead Test 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 recompilation. 12/01/2001 RU & MI pump truck. Pressured up on TCA to 510 psig for 30 minutes. Held OK. RD & MO pump truck. Test witnessed by Johnny Robinson w/OCD/Hobbs and chart was taken by Mr. Robinson. After successful test, well was shut-in. Well may be used in the future. tiobbs I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Tech Type or print name Janice Telephone No. 915/682-8873 (This space for State use) APPROVED BY_ TITLE DATE

Conditions of approval, if any: