Submit 3 Copies To Appropriate District

State of New Mexico

| Office  | Energy, Minerals and                                  | Natural Resources   |  | Revised March 25, 19                                    | 999      |
|---|---|---|--|---|----------|
| District I<br>1625 N. French Dr., Hobbs, NM 87240   | 625 N. French Dr., Hobbs, NM 87240                    |   | WELL API NO.<br>30-025-32890               |   |          |
| District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION  |   |   | 5. Indicate Type of Lease                  |   | +        |
| District III 2040 South Pacheco   |   |   | STATE X FEE                                |   |          |
| 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505<br>District IV.   |   | 6. State Oil & Gas Lease No.                              |  |   |          |
| 2040 South Pacheco, Santa Fe, NM 87505  |   |   | o. State on & C                            | nas Ecase 110.  | _        |
| 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.) |   |   | 7. Lease Name or Unit Agreement Name:      |   |          |
| 1. Type of Well:  |   |   | SEMISSAU                                   |   |          |
| Oil Well X Gas Well   | Other   |   | 0 W-11 N-                                  |   |          |
| 2. Name of Operator   |   |   | 8. Well No. <b>612</b>                     |   | ŀ        |
| XTO Energy Inc. 3. Address of Operator  |   |   | 9. Pool name or Wildcat                    |   | _        |
| 3000 N. Garfield, Suite 175 M   | Maljamar Grayburg San Andres                          |   |  |   |          |
| 4. Well Location  |   |   |  |   | -        |
| Unit Letter N :   | 710feet from the                                      | South line and  | <b>1425</b> feet f                         | from the <u>West</u> li                                 | ne       |
| Section 29  | Township <b>17</b> 8                                  |   | NMPM                                       | County <b>Lea</b>                                       | V000     |
|   | 10. Elevation (Show who                               | ether DR, RKB, RT, GR, e<br>GR 4045'                      | etc.)                                      |   |          |
| 11. Check A   | Appropriate Box to Ind                                | icate Nature of Notice                                    | e, Report, or Oth                          | ier Data  |          |
| NOTICE OF INT   | ENTION TO:  | SUI   | BSEQUENT R                                 | EPORT OF:   |          |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                                      | REMEDIAL WORK   |  | ALTERING CASING   |          |
| TEMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRIL   | LING OPNS. [                               | PLUG AND ABANDONMENT                                    |          |
| PULL OR ALTER CASING  | MULTIPLE<br>COMPLETION                                | CASING TEST AND CEMENT JOB                                | ) [  |   |          |
| OTHER:  |   | OTHER: Adding   | additional perfs                           | 3   | x        |
| 12. Describe Proposed or Complete of starting any proposed work). or recompilation.   | ed Operations (Clearly state<br>SEE RULE 1103. For Mu | e all pertinent details, and<br>Itiple Completions: Attac | give pertinent dates<br>h wellbore diagran | s, including estimated date<br>n of proposed completion |          |
| 11/14/2001 - 11/17/2001<br>NU BOP. TIH w/4" csg gur<br>gals 15% NEFE HCl acid. N<br>PU. Left well pumping.  | n. Perf'd Grayburg San<br>ND BOP. NU WH. TIH w/       | nd w/2 JSPF @ 4228-423<br>Tbg,rods and pump. 1            | 34' (14 holes).<br>Landed 2-3/8" to        | Acidized perfs w/147<br>abing @ 4,330'. RDMO            |          |
| 11/27/2001 Well test 8  | 3 BO, 181 BW, and 1 MCF                               | Final report for a  | adding additions                           | d perfs.  |          |
|   |   |   |  |   |          |
|   |   |   |  |   |          |
|   |   |   |  | Z ·   |          |
|   |   |   |  |   |          |
|   |   |   |  | Tour CD   |          |
| I hereby certify that the information above   | e is true and complete to the b                       | est of my knowledge and bel                               | ief.                                       |   | —        |
| · · · · · · · · · · · · · · · · · · ·   | 2 4   | TITLE Regulatory Tec                                      |  | DATE12/12/2001  |          |
| 0   | Ø   |   |  |   |          |
| Type or print name Janice Courtne   | <b>3</b> V  |   | 166  | phone No. 915/682-887                                   | <u> </u> |
| (This space for State use)  |   | ORIGINAL C  | である。<br>1971年<br>1971年)                    | DATE  |          |
| APPROVED BY   |   | TITLE PAULT.  | <u>. S. St. A.</u><br>S. Miller S. S. Sent | DAIE  | _        |