

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-32890
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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: SEMGSAU
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		
2. Name of Operator XTO Energy Inc.	8. Well No. 612	
3. Address of Operator 3000 N. Garfield, Suite 175 Midland, Texas 79705	9. Pool name or Wildcat Maljamar Grayburg San Andres	
4. Well Location Unit Letter N : 710 feet from the South line and 1425 feet from the West line Section 29 Township 17S Range 33E NMPM County Lea		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 4045'		

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: **Add additional perforations**

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 recompilation.

Plans are to perf 4,228-4,234' (14 holes, 2 JSPF) and acidize w/1400 gals 15% HCl acid. Zone will be swab tested. Pump will be upsized. TIH w/2-3/8" tubing with same design and well will be returned to pumping. Work will be started approximately November 15, 2001. Subsequent Report of work and testing performed will be filed upon completion.

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 11/16/2001

Type or print name Janice Courtney Telephone No. 915/682-8873

(This space for State use)

APPROVED BY _____ TITLE REGULATORY TECH DATE _____

Conditions of approval, if any: