

AC 19-6

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FORM 4 Rev 1205



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DEC 05 2006 REGULATORY COMPLIANCE

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: 100264 4. Contact Name: Tom DeLong 2. Name of Operator: XTO Energy Inc. 3. Address: 2700 Farmington Ave, Bldg K City: Farmington State: NM Zip: 87401 Phone: (505) 324-1000 Fax: (505) 564-6700 5. API Number: 05 OGCC Facility ID Number: Survey Plat: 6. Well/Facility Name: Apache Canyon 7. Well/Facility Number: Directional Survey: 8. Location (Qtr/Sec, Twp, Rng, Meridian): Surface Equip Diagram: 9. County: Las Animas 10. Field Name: Purgatoire River Technical Info Page: [checked] 11. Federal, Indian or State Lease Number: 26922 Other:

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit) Change of Surface Footage from Exterior Section Lines: Change of Surface Footage to Exterior Section Lines: Change of Bottomhole Footage from Exterior Section Lines: Change of Bottomhole Footage to Exterior Section Lines: Bottomhole location Qtr/Sec, Twp, Rng, Mer: Latitude: Distance to nearest property line: Distance to nearest bldg, public rd, utility or RR: Longitude: Distance to nearest lease line: Is location in a High Density Area (rule 603b)? Yes/No: Ground Elevation: Distance to nearest well same formation: Surface owner consultation date: GPS DATA: Date of Measurement: PDOP Reading: Instrument Operator's Name: CHANGE SPACING UNIT: Formation: Formation Code: Spacing order number: Unit Acreage: Unit configuration: Remove from surface bond: Signed surface use agreement attached: CHANGE OF OPERATOR (prior to drilling): Effective Date: Plugging Bond: Blanket Individual: CHANGE WELL NAME: From: To: Effective Date: NUMBER: ABANDONED LOCATION: Was location ever built? Yes No: Is site ready for inspection? Yes No: Date Ready for Inspection: NOTICE OF CONTINUED SHUT IN STATUS: Date well shut in or temporarily abandoned: Has Production Equipment been removed from site? Yes No: MIT required if shut in longer than two years. Date of last MIT: SPUD DATE: REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set): SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK: Method used: Cementing tool setting/perf depth: Cement volume: Cement top: Cement bottom: Date: RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately: Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent: Approximate Start Date: Report of Work Done: Date Work Completed: Details of work must be described in full on Technical Information Page (Page 2 must be submitted.) Intent to Recomplete (submit form 2): Change Drilling Plans: Gross Interval Changed?: Casing/Cementing Program Change: Request to Vent or Flare: Repair Well: Rule 502 variance requested: Other: Vacuum for Spills and Releases: E&P Waste Disposal: Beneficial Reuse of E&P Waste: Status Update/Change of Remediation Plans:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Tom DeLong Date: 11-08-06 Email: Title: Engineering Manager

COGCC Approved: Title: PE II Date: 11/27/06

CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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OGCC

1. OGCC Operator Number: 100264 API Number: _____
2. Name of Operator: XTO Energy Inc. OGCC Facility ID # _____
3. Well/Facility Name: Apache Canyon Well/Facility Number: _____
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

XTO is operating a gas gathering system (Apache Canyon) with a central compressor station (Station #1), satellite compressor stations and wellhead compressors to pull approximately 7 psi of vacuum at the wells. Attached is a table of the wells which XTO proposes to add to the Apache Canyon Gathering System and a map showing their locations. XTO plans to install wellhead compressors on these wells. The map identifies the locations of the compressors and oxygen monitors. If oxygen levels exceed 10 ppm at the main XTO gas sales meter (downstream from Station #1), gas sales will be shutoff until the levels are returned to 10 ppm or less. Oxygen monitors throughout the system are used to locate the source of the oxygen problem.

There are no operators other than XTO Energy within a 1/2 mile of the proposed vacuum locations.

