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DEC 05 2006

REGULATORY COMPLIANCE

FORM
4
Rev 12/05

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State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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

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COGCC

Complete the Attachment
Checklist

OF OGCC

Survey Plat	
Directional Survey	
Surface Equip Diagram	
Technical Info Page	✓
Other	

General Notice

☐ **CHANGE OF LOCATION:** Attach New Survey Plat (a change of surface qtr/tr 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: ☐ ☐ ☐ ☐ attach directional survey

Bottomhole location Qtr/Tr, 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** NUMBER: _____
 From: _____
 To: _____
 Effective Date: _____

☐ **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** *submit cbl and cement job summaries
 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) ☐ Request to Vent or Flare ☐ E&P Waste Disposal

☐ Change Drilling Plans ☐ Repair Well ☐ Beneficial Reuse of E&P Waste

☐ Gross Interval Changed? ☐ Rule 502 variance requested ☐ Status Update/Change of Remediation Plans

☐ Casing/Cementing Program Change ☒ Other: Vacuum for Spills and Releases

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

Signed: Tom DeLongDate: 11-08-06

Email: _____

Print Name: Tom DeLongTitle: Engineering Manager

COGCC Approved: _____

Title: PE IIDate: 11/27/06

CONDITIONS OF APPROVAL, IF ANY:

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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.

