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REGULATORY COMMISSION

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 COGCC 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: <u>100264</u>	4 Contact Name: <u>Tom DeLong</u>	Complete the Attachment Checklist OP OGCC
2 Name of Operator: <u>XTO Energy Inc.</u>	Tom DeLong	
3 Address: <u>2700 Farmington Ave, Bldg K</u> City: <u>Farmington</u> State: <u>NM</u> Zip: <u>87401</u>	Phone: <u>(505) 324-1080</u> Fax: <u>(505) 564-0700</u>	
5 API Number: <u>05</u>	OGCC Facility ID Number:	Survey Plat
6 Well/Facility Name: <u>Apache Canyon</u>	7 Well/Facility Number:	Directional Survey
8 Location (Qtr, Sec, Twp, Rng, Meridian):		Surface Eqmnt Diagram
9 County: <u>Las Alamos</u>	10 Field Name: <u>Purgatoire River</u>	Technical Info Page <input checked="" type="checkbox"/>
11 Federal, Indian or State Lease Number: <u>26922</u>		Other

AC 19-14

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (in change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines	YES/NO	YES/NO
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 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/bed 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.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: <u>Vacuum</u>	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 DeLong Date: 3-20-07 Email: _____
Print Name: Tom DeLong Title: Engineering Manager

COGCC Approved: _____ Title: PE II Date: 3/23/07

CONDITIONS OF APPROVAL, IF ANY

FORM
4
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



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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.

