

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

HOBBS OGD CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
DEC 06 2018

WELL API NO
30-025-20701

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
AJ Adkins COM

8. Well Number **009**

9. OGRID Number
005380

10. Pool name or Wildcat

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
XTO ENERGY INC.

3. Address of Operator
6401 HOLIDAY HILL ROAD MIDLAND TEXAS 79707

4. Well Location
 Unit Letter **E** : **1650** feet from the **NORTH** line and **990** feet from the **WEST** line
 Section **10** Township **21S** Range **36E** NMPM County **LEA**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		OTHER: TA EXTENSION	<input checked="" type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>			

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

XTO ENERGY INC. REQUESTS A 12 MONTH EXTENSION DUE TO SCHEDULING. A GOOD CHART IS ATTACHED RAN ON 11/30/2018.

This Approval of Temporary
 Abandonment Expires 12/3/2019 *to*

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Patricia Donald* TITLE **PATRICIA DONALD** DATE **12/05/2018**

Type or print name **PATRICIA DONALD** E-mail address: **patricia_donald@xtoenergy.com** PHONE: **4325718220**

For State Use Only
 APPROVED BY: *Malyn Brown* TITLE *AO/T* DATE *12/6/2018*

Conditions of Approval (if any):

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name XTO	API Number 30-025-20701
Property Name AJ Adkins Comm	Well No. #9

Surface Location

UL - Lot E	Section 10	Township 21S	Range 36E	Feet from 1650	N/S Line N	Feet From 990	E/W Line W	County LEA
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Well Status

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input type="radio"/> OIL <input checked="" type="radio"/> GAS	DATE 12-3-18
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	0	N/A	N/A	0	NONE
Flow Characteristics					
Pull	Y/O	Y/N	Y/N	Y/O	CO2 <input type="checkbox"/>
Steady Flow	Y/O	Y/N	Y/N	Y/O	WTR <input type="checkbox"/>
Surges	Y/O	Y/N	Y/N	Y/O	GAS <input type="checkbox"/>
Down to nothing	O/O	Y/N	Y/N	O/N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y/O	Y/N	Y/N	Y/O	
Water	Y/O	Y/N	Y/N	Y/O	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

T/A TEST

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	Phone:
Witness: Greg Robinson	

INSTRUCTIONS ON BACK OF THIS FORM

