Submit 1 Copy To Appropriate District	State of New Me		Form C-103	
Office <u>District I</u> – (575) 393-6161	h Dr., Hobbs, NM 88240 HOBBS 000		Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-31723	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of	Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. France 2018		STATE	FEE X
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87	505 - NED	6. State Oil & Gas I	Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	R	ECEIVED		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	Init Agreement Name
(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			ARROWHEAD GRAYBURG UNIT	
PROPOSALS.)		0 177 1137 1		
1. Type of Well: Oil Well Gas Well Other			8. Well Number 188	
2. Name of Operator XTO ENERGY INC.			9. OGRID Number 5380	
3. Address of Operator			10. Pool name or Wildcat	
6401 HOLIDAY HILL ROAD BUILDING #5 MIDLAND, TEXAS 79707			ARROWHEAD; GRAYBURG	
4. Well Location				
Unit Letter D: 730 feet from the NORTH line and 520 feet from the WEST line				
Section 12		nge 36E	NMPM (County LEA
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT RE				~ 700
PERFORM REMEDIAL WORK [TEMPORARILY ABANDON [<u> </u>			INT TO PA
PULL OR ALTER CASING		CASING/CEMENT	_	P&A NR
DOWNHOLE COMMINGLE	 1	OAOII 10/OLIVILI11		P&A R
CLOSED-LOOP SYSTEM	T i			
OTHER:		OTHER:		<u> </u>
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.				
4				
XTO SUBMITS THIS SUNDRY AS REQUESTED TO A PA' REFERENCED WELL: 1. SET CIBP @ 3660 WITH & SX OF CMT. WOC FOR 4 HRS. TAG CIRCULATE MLF, Pressure test 2. 3453 3363 W/29 SX CMT WOC 7.5 500				
2.3453-3353 W/20 SX CMT.	WOC. 2.5. 5%		7 1 1000	
3:2894-2794 W/ 26 SX CMT.	WOC. 25 54			
2.3453-3353 W/20 SX CMT. WOC. 2.5 500 3.2894-2794 W/ 20 SX CMT. WOC. 2.5 500 4.2757-2647 W/ 20 SX CMT. WOC. 2.5 500 5.1370-1240 W/ 60 SX CMT. WOC.				
6. 500-0 PERFAIND SQL 250 SA CIVIT WOC.				
7. ND BOP AND CUT OFF WELLHEAD 5' BELOW SURFACE. VERIFY CMT. SET P&A MARKER				
	NOTIFY O	CD 24 HOURS I	PRIOR TO	
Spud Date:	BEGINNING	G PLUGGING (OPERATIONS	
		-	1 11' - C	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
(40/11/10 books)				
SIGNATURE CONTROL TITLE CONTROL DATE 08/09/2018				
PATRICIA_DONALD@XTOENERGY.COM				
Type or print name PATRICIA DON	NALD E-mail address	:	PHO	NE: 4325718220
For State Use Only	()	_		. 1 / -
APPROVED BY: Wall	White P.E.	S.	DATE	08/23/2018
Conditions of Approval (if any):				

C103 INTENT TO P&A EXPIRES 1 YEAR FROM DATE OF APPROVAL

