| Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural R | esources | · · · · ·, I | Form C-103 June 19, 2008 |
|---|--|--|-----------------------------|
| District I 1625 N. French Dr., Hobbs, NM 87240 District II 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | WELL API NO. | |
| | | 30-025-24396 licate Type of Lease | |
| | | STATE x FEE | |
| | | 6. State Oil & Gas Lease No. | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | ise Name or Unit Agreen | nent Name: |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.) | | 2 PP | HOBBS OCD |
| 1. Type of Well: Oil Well Gas Well X Other | | ll Number | APR 0 9 2013 |
| 2. Name of Operator | | I RID Number | |
| XTO Energy, Inc. | | 005380 | RECEIVED |
| 3. Address of Operator | | ool name or Wildcat | KECEIVED |
| 200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location | North | 1 Vacuum; ABO | |
| | 1' 1 1000 | | are t |
| Unit Letter <u>N</u> : 660 feet from the South | _ line and | feet from theW | estline |
| Section 17 Township 17S Range | | M County | Lea |
| 11. Elevation (Show whether DR, R | KB, RT, GR, etc.) | | |
| | | | |
| 12. Check Appropriate Box to Indicate Natur | e of Notice, Report | , or Other Data | |
| NOTICE OF INTENTION TO: SUBS | | JENT REPORT OF | : |
| PERFORM REMEDIAL WORK 🕱 PLUG AND ABANDON 🗌 REM | EDIAL WORK | | |
| TEMPORARILY ABANDON CHANGE PLANS COM | MENCE DRILLING OPI | NS. 🗌 🛛 P AND A | |
| PULL OR ALTER CASING MULTIPLE COMPL CAS | NG/CEMENT JOB | | |
| | | | |
| | | | |
| OTHER: Failed Bradenhead X OTH | ER: | | |
| Describe proposed or completed operations. (Clearly state all pertinen of starting any proposed work). SEE RULE 1103. For Multiple Com or recompletion. | t details, and give pertin | | |
| 03/12/2013: Failed Bradenhead. | | | |
| Found 24# press on Intermediate csg valve. XTO has place | d a gauge on the we | ll and is monitoring | press. |
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| | Lange 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | ····· | |
| Spud Date: Rig Release Da | te: | | |
| | | ······································ | <u> </u> |
| I hereby certify that the information above is true and complete to the best of | of my knowledge and be | elief. | |
| SIGNATURE Ataphanie Rabadere TITLE | Regulatory Anal | | 03/21/2013 |
| Type or print name Stephanie Rabadue E-mail ad | anie_rabadue@xtoene iress: | | 32-620-6714 |
| For State Use Only | \sim / | | |
| APPROVED BY Congelin TITLE Dist. MGR DATE 4-11-2013 | | | |
| Conditions of Approval (if any) | <u></u> | | |
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APR 1 1 2013