Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103	
Submit One Copy To Appropriate District Office District 1 1625 N. French Dr., Hobbs, NM88210S District II OCONSERVATION DIVISION			Révised November 3, 2011 WELL API NO.	
District II \$11.5 First St. Artagia NIM 88210	OIL CONSERVATION	DIVISION	30-025-08735	
District III 1220 South St. Francis Dr			5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Distric			STATE X FEE	
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED			o. State On & Gas	Lease 140.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit 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.) 1. Type of Well: X Oil Well Gas Well Other			8. Well Number 172	
2. Name of Operator			9. OGRID Number	
XTO Energy, Inc. Att'n: Stephanie Rabadue			005380 10. Pool name or Wildcat	
3. Address of Operator 200 North Loraine Ste. 800, Midland, Texas 79701			Arrowhead; Grayburg	
4. Well Location				
Unit Letter L: 2310 feet from the South line and 990 feet from the West line				
Section 2 Township 22 S Range 36 E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3539'- GR				
12. Check Appropriate Box to Indica	ate Nature of Notice, Ro	eport or Other Da	ita	
NOTICE OF INTENTION TO: SUBSEC			EQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			JOB 📙	
OTHER:				
X All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
X Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
X A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
X The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
other production equipment.				
X Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. N/A If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location.				
X All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.) X All other environmental concerns have been addressed as per OCD rules.				
X Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
X If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well				
location, except for utility's distribution infrastructure.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
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SIGNATURE AMBO	TITLE:	Maintenance Forema	an DATE: 06/10/2	2013
TYPE OR PRINT NAME: Gene Hudson	E-MAIL; richard_hud	son@xtoenergvæom	PHONE: 575-4	41-1634
For State Use Only APPROXED	() _ /	Alli		
BY: Wall hotel	TITLE COMPL	once Office	ev DATE 06-1	2-13 Conditions of
Approval (if any):	. 1		SEP 09	2013
			V-1 W U	2010