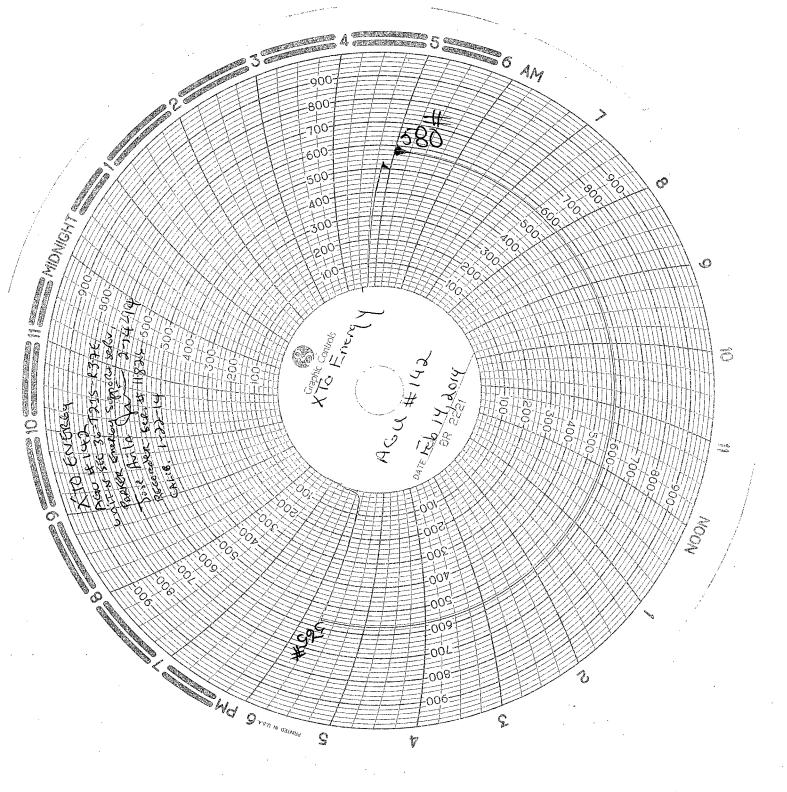
Submit 3 Copies To Appropriate District Office HOBBS State of New Mexico Energy, Minerals and Natural Resources	Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240 District II CONGEDNATION DIVISION	WELL API NO. June 19, 2008
District II 1301 W. Grand Ave. Artecia NTER 2 4 CONSERVATION DIVISION	30-025-04928 5. Indicate Type of Lease
District III 1220 South St. Francis Dr.	STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
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.)	7. Lease Name or Unit Agreement Name: ARROWHEAD GRAYBURG UNIT
1. Type of Well: Oil Well X Gas Well/ Other	8. Well Number
2. Name of Operator XTO Energy, Inc.	9. OGRID Number 005380
3. Address of Operator	10. Pool name or Wildcat
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location	3040
Unit Letter N: 660 feet from the SOUTH line and	1980 feet from the WEST line
Section 36 Township 21s Range 36E	NMPM County LEA
11. Elevation (Snow whether DR, RRD, RT, OR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	···
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
DOWNHOLE COMMINGLE	
OTHER: TA Exter	nsion X
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
XTO Energy, Inc would like to request a 6-month TA extension pending partner approval for work to be done. Good chart attached.	
This Approval of Temporary QUIL ZOUL	
Abandonment	
	Le MONTH EXT.
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 ALPHANIE RABAGUE TITLE Regulatory Analyst DATE 02/20/2014	
Type or print name <u>Stephanie Rabadue</u> E-mail address:	PHONE <u>432.620.6714</u>
APPROVED BY Maley & Stown TITLE Compliance Office DATE 2/26/2014	
Conditions of Approval (if any):	FEB 27 2014
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