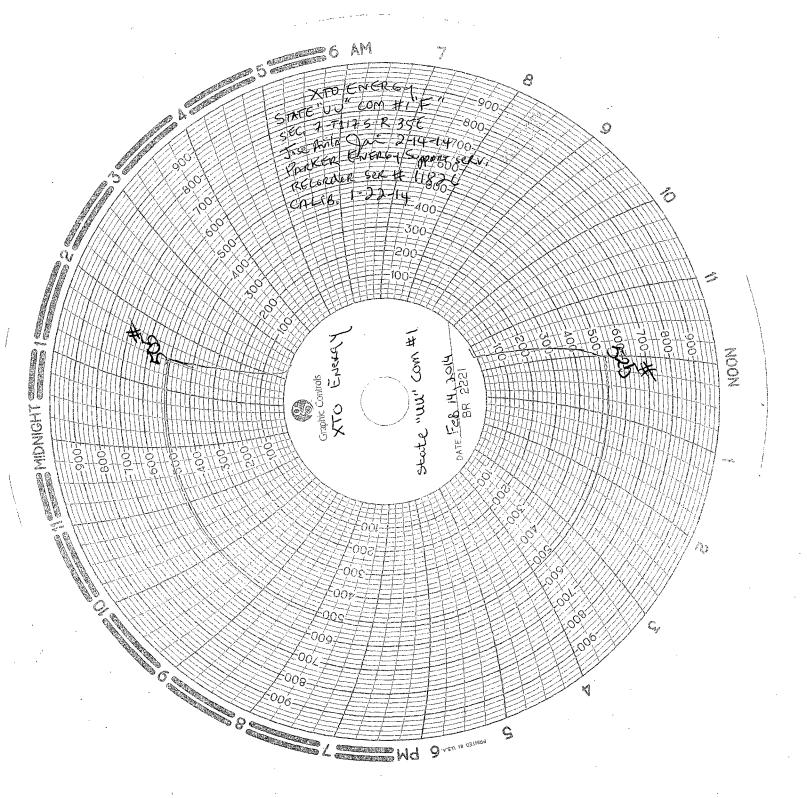
Submit 3 Copies To Appropriate District State of New Mexico		·.	Form C-103	
Office District 1 HOBBS Energy, Minerals and Natural Resources		WELL API NO.	June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240 District II Olds CONSERVATION DIVISION			WELL API NO. 30-025-24661	
District II 1301 W. Grand Ave., Artesia, NM 88203 2 4 CONSERVATION DIVISION District III 2 4 CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV			STATE X FEE	
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505			6. State Oil & Gas Lease	No.
SUNDRY NOTICE'S 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: State UU Com	
1. Type of Well: Oil Well Gas Well X 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			Vacuum; Atoka-Morrow,	North (Gas)
4. Well Location				
Unit Letter F: 1980' feet from the North line and 1907' feet from the West line				
Section 7 Township 17S Range 35E 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 INTENT	ION TO:	l SUB	SEQUENT REPORT	OF:
				_
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ERING CASING [_]
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI			<u></u>	1D A
PULL OR ALTER CASING			ОВ	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: TA Extens	sion	x
13. Describe proposed or completed oper	rations. (Clearly state all pe	<u> </u>		
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 due to gain partner approvals. Good chart attached.				
attached.				
				,
This Approval of Temporary Q/L/2014				
		Abandonment	Expires	The wall FXT
	 1	. [10/1001A S
Spud Date:	Rig Relea	se Date:	•	
I hereby certify that the information above	is true and complete to the	best of my knowledg	e and belief.	
SIGNATURE AtoManie Rabadul TITLE Regulatory Analyst DATE 02/20/2014				
SIGNATURE GATTA CONTRACTOR	<u>415(444)</u>	stephanie rabadue@		02/20/2014
Type or print name <u>Stephanie Rabadue</u> E-mail address: PHONE <u>432-620-6714</u>				
For State Use Only				
APPROVED BY / CHLYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Conditions of Approval (if any):				
			AFD	



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