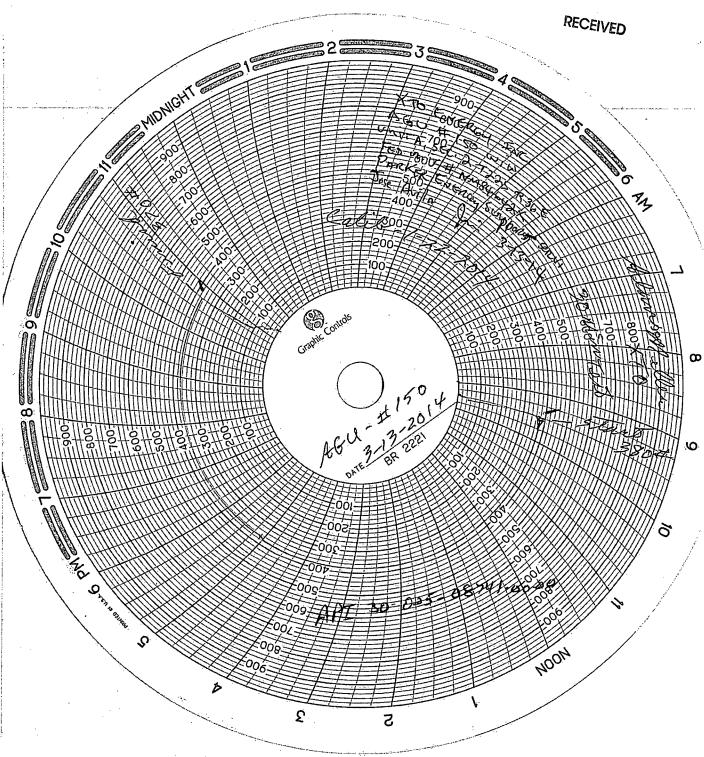
Submit 3 Copies To Appropriate District Office	State of New Me Energy, Minerals and Natu			Form C-103 June 19, 2008	
District I 1625 N. French Dr., Hobbs NM 20240 District II	OIL CONSERVATION DIVISION		WELL API NO. 30-025-0		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of		
1000 Rio Brazos Rd RAZGE NM: 87410 District IV	Santa Fe, NM 87505		STATE X	FEE L	
220 S. St. Francis Dr., Santa Fe, NM 7505			6. State Oil & Gas I	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 Gas Well				8. Well Number	
2. Name of Operator				9. OGRID Number	
XTO Energy, Inc.				005380	
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, Texas 79701			10. Pool name or Wildcat		
4. Well Location					
Unit Letter A : 660 feet from the North line and 660 feet from the East line					
Section 2	Township 22S	Range 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					
and the second s					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS. P AND A				
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE					
OTHER:		OTHER: MIT/ Brad		<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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
03/18/2014: XTO Energy ran a good MIT and Bradenhead test. Chart and form are attached.					
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Spud Date:	Rig Relea	ase Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE TITLE Regulatory Analyst DATE 04/18/2014					
Type or print name Kendall Chance	:eE-n	Kendall Chance@x		PHONE <u>432-620-6749</u>	
For State Use Only					
APPROVED BY DATE 5'2-Ry					

FUR RECORD ONLY

MAY 07 2014

HOBBS OCD MAY 01 2014 RECEIVED



FOR RECORD UNL