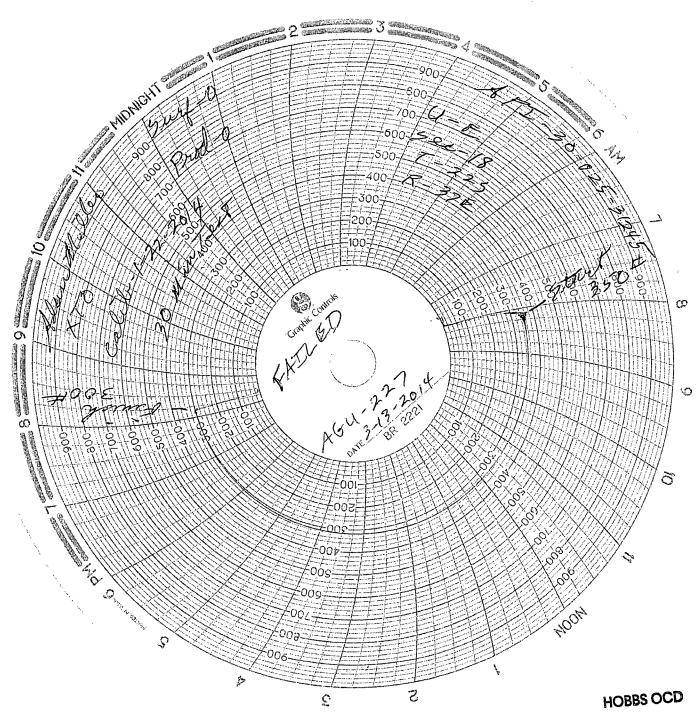
Submit 3 Copies To Appropriate District Office	State of New Me Energy, Minerals and Natu		Form C-103 June 19, 2008		
District I 1625 N. French Dr., Hobbs, NM 87240	anorgy, ramorate and rate		WELL API NO.		
District_II	OIL CONSERVATION DIVISION		30-025-31245		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE 😿 FEE 🗌	,	
1220 S. St. Francis Dr., Santa Fe, NM 87505			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 Gas Well					
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			Arrowhead; Grayburg		
4. Well Location					
Unit Letter E: 1980' feet from the North line and 460' feet from the West line					
Section 18		Range 37E	NMPM County Le	a	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
			·	NC []	
			ALTERING CASI		
	CHANGE PLANS	COMMENCE DRILLII	<u> </u>		
PULL OR ALTER CASING L	MULTIPLE COMPL L	CASING/CEMENT JO	DB L		
DOWNHOLE COMMINGLE					
OTHER: Good Bradenhead/Failed M	TT - Pull Pkr X	OTHER:			
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.					
3/13/2014: XTO Energy, Inc :	HOBBS OCD				
 MIRU PU. POOH w/tbg & pkr. 	MAY 0 8 2014				
3. Reset pkr.			00 2011		
4. Run good MIT chart. 5. RDMO PU.			RECEIVED		
A closed-loop system will be	e used to perform this o	peration.			
Spud Date:	Rig Relea	ase Date:			
I hereby certify that the information abo	ve is true and complete to the	best of my knowledge	e and belief.		
SIGNATURE STEPPARU	,	LE Regulator		2014	
Type or print name <u>Stephanie Rabach</u>		stephanie_rabadue@ nail address:		<u>-6714</u>	
For State Use Only					
APPROVED BY Accepted for Rosert Only			DATE	-	
Conditions of Approval (if any): 5/8/2014					
	, ,	,, (MAY \$ 2 2014		



MAY 08 2014

RECEIVED

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