Submit 3 Copies To Appropriate District Office	State of New M			Form C-103	
District I	Energy, Minerals and Natu	ural Kesources	WELL API NO.	June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION		30-025-	-04918	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fr		5. Indicate Type o		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		STATE X	FEE 🗆	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	·		6. State Oil & Gas	Lease No.	
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLICATION OF WALL.)	ES AND REPORTS ON WE DSALS TO DRILL OR TO DEEPEN CATION FOR PERMIT" (FORM C-10	OR PLUG BACK TO A	7. Lease Name or W A Ramsay NCT	Unit Agreement Name:	
PROPOSALS.) 1. Type of Well:		HOBBS OCD			
Oil Well Gas Well X	Well X Other			8. Well Number	
2. Name of Operator XTO Energy, Inc.	AUG 0 4 2014		9. OGRID Number 005380		
3. Address of Operator	RECEIVED		10. Pool name or Wildcat		
200 N. Loraine, Ste. 800	Midland, TX 79701	KEOFI			
4. Well Location					
Unit Letter <u>N</u> :	feet from the So	uthline and	1980 feet from	n the West line	
Section 35	Township 21S	Range 36E	NMPM	County Lea	
	11. Elevation (Show whether	DR, RKB, RT, GR, e	tc.)		
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other I	Data	
NOTICE OF INTENTION TO: SUB			SEQUENT REF	PORT OF:	
			DOLQULINI INLI		
PERFORM REMEDIAL WORK				ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	_	P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL L	CASING/CEMENT	JOB		
DOWNHOLE COMMINGLE		·			
OTHER:		OTHER:			
13. Describe proposed or completed of starting any proposed work). or recompletion.					
XTO Energy, Inc intends to 1. Previous records indica 2. XTO would like to run o 3. Once more is known about procedure recommendation a	ate that there is damaged open ended tbg, set a pkr ut the current status of t	casing at 2210'. above the damaged		=	
A closed-loop system will	be used for this operation		he Oil Conservat	•	
	DODE DIACDAM		UST BE NOTIFI		
Spu C.O.ASUBMIT WELL		ase Date:	or to the beginning	g of operations	
I hereby certify that the information a	above is true and complete to the	e best of my knowledg	ge and belief.		
SIGNATURE At Marie	Rabadice TIT	LE <u>Regulato</u>	ory Analyst	DATE07/30/2014	
Type or print name <u>Stephanie Rab</u>		stephanie_rabadue nail address:		PHONE <u>432-620-6714</u>	
For State Use Only AA	1	> - 1	- .	, 1	
APPROVED BY	Dlown II	TLE Dist.	Supervisore	DATE 8/4/2014	
Conditions of Approval (if any):			AUG 0 4 20	14	