Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources				Form C-103	
District I	Energy, Minerals and	Natural Resourc		WELL LEVIS	June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240 District II	OH GONGERNALENCE PROPERTY			WELL API NO. 30-025-31247		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type		
District III	1220 South St. Francis Dr.					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE [
1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil & Ga	as Lease No.	
	CES AND REPORTS ON OSALS TO DRILL OR TO DEI CATION FOR PERMIT" (FOR	EPEN OR PLUG BAC	CK TO A	7. Lease Name or Arrowhead Gray	r Unit Agreement Name:	
 Type of Well: Oil Well x Gas Well ☐ Other 		amp 1 0 2014		8. Well Number		
2. Name of Operator		SEP 18 20)14	OGRID Numbe		
XTO Energy, Inc.					5380	
3. Address of Operator		RECEIVED	-	Pool name or		
4. Well Location	Midland, TX 79701		I	Arrowhead; Gra	ryburg	
•	1980' feet from the	South line	e and 2	080' feet fro	om the <u>East</u> line	
Section36	Township 21	s Range	36E	NMPM	County Lea	
	11. Elevation (Show wh	nether DR, RKB, R	T, GR, etc.)			
12. Check A	ppropriate Box to Indi	cate Nature of l	Notice, Re	eport, or Other	Data	
NOTICE OF INTENTION TO: SUB				SSEQUENT REPORT OF:		
ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENC	COMMENCE DRILLING OPNS. P AND A			
_		_	CASING/CEMENT JOB			
PULL OR ALTER CASING	MULTIPLE COMPL	L CASING/CI	EMENT JOE	3 📙		
DOWNHOLE COMMINGLE L						
OTHER: TA Extension	IEAR_	X OTHER:				
13. Describe proposed or complete of starting any proposed work). or recompletion.	•	•		•	<u> </u>	
XTO Energy respectfully r	equests a 1-year fina	l extension pen	ding a go	od MIT chart f	for continued	
evaluation of enhanced recovery						
potential for the Arrowhead Grayburg Unit #131.						
			•			
Spud Date:	Rig	Release Date:				
I hereby certify that the information a	ahove is true and complete	to the best of my l	knowledge (and balief		
I hereby certify that the information a	above is true and complete	to the best of my i	Kilowieuge a	ma bener.		
SIGNATURE SEPMIN	1 tabadue		Regulatory	Analyst	DATE <u>09/08/2014</u>	
Type or print name <u>Stephanie Rab</u>	adue	_ E-mail address:			_ PHONE <u>432-620-6714</u>	
For State Use Only APPROVED BY	polbrown	TITLE Du	it 51	penson	PDATE <u>9/18/201</u> 4	
Conditions of Approval (if any):	V			•	C =	
					SEP 1 9 2014	