Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013
District I 1625 N. French Dr., Hobbs, NM 88240	3BJ, 1	-	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	30-025-31417 5. Indicate Type of Lease	
<u>District III</u> 1220 South St. Francis Dr.			STATE X FEE
District IV	Santa Fe, NM 8	8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			or state on a day seaso no.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:
(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			Arrowhead Grayburg Unit
PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator SEP 1 6 2015			155
XTO Energy, Inc.			9. OGRID Number 005380
3. Address of Operator 500 W. Illinois St Ste 100 Midland, TX 79701 RECEIVED			10. Pool name or Wildcat Arrowhead; GB-SA
4. Well Location			
Unit Letter F :	1980 feet from the North	line and	2276 feet from the West line
Section 2 Township 22S Range 36E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3552'			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTEN	SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON 🗶 C	HANGE PLANS	COMMENCE DRILLI	ING OPNS. P AND A
PULL OR ALTER CASING 🔲 N	MULTIPLE COMPL	CASING/CEMENT J	ОВ 🗀
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM		· 1	•
OTHER:		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 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. XTO Energy, Inc respectfully requests a 5-year Temporary Abandon of the referenced well with the following procedure:			
1. Set 5-1/2" CIBP @ 3675' w/35' cmt.			
2. Run good MIT.			n of Approval: notify
OCD Ho			obbs office 24 hours
prior of running MIT Test & Chart			
<u> </u>			·
Spud Date:	Rig Relea	se Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE ALPHAN & Color TITLE Regulatory Analyst DATE 09/01/2015			
Type or print name Stephanie Rabadue E-mail address: PHONE 432-620-6714			
For State Use Only \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
APPROVED BY OUND TITLE DEST SUPERVISOR DATE 9/16/2015 Conditions of Approval (if any):			

18 SEP 1 2015 Me

Arrowhead Grayburg Unit #155

30-025-31417 1980'FNL & 2276'FWL 2-T22S-R36E

