ubmit I Copy To Appropriate District State of New Mexico Finergy, Minerals and Natural Resources			Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Indicate Type of Lease STATE X FEE 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.) 1. Type of Well: Oil Well Gas Well Other			Lease Name or Unit Agreement Name: unice Monument South Unit Well Number 165
2. Name of Operator XTO Energy, Inc.			OGRID Number 005380
3. Address of Operator 500 W. Illinois St Ste 100, Midland, Texas 79701			Pool name or Wildcat unice Monument; Grayburg-San Andres
4. Well Location		•	
Unit Letter L :	1980' feet from the South	line and	660' feet from the West line
Section 36		e 36E NM	PM County Lea
<i>10</i>	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.)	
E-PERMITTING <switting <switting="" switti<="" switting="" th=""><th>RBDMS MW CA TALEM CA CHG LOC_</th><th>EMEDIAL WORK DMMENCE DRILLING (ASING/CEMENT JOB</th><th>ALTERING CASING OPNS. P AND A</th></switting>	RBDMS MW CA TALEM CA CHG LOC_	EMEDIAL WORK DMMENCE DRILLING (ASING/CEMENT JOB	ALTERING CASING OPNS. P AND A
OTHER:		THER: TA Extension	X
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 3-year TA extension on this well after completing a good MIT and bradenhead test. Chart and form are attached. This Approval of Temporary Abandonment Expires			
Spud Date: 11/24/09	Rig Release I	Date: 11/25/09	
I hereby certify that the information	above is true and complete to the bes	st of my knowledge an	d belief.
SIGNATURE ALDWALL	i Rabadus TITLE	Regulatory Analyst	DATE 9/16/2015
Type or print name Stephanie Raba	due E-mail a	address:	PHONE 432-620-6714
For State Use Office APPROVED BY Conditions of Approval (if any)	poblown TITLE	anie_rabadue@xtoen	ergy.com Wisoudate 9/28/2012

