Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103
District I	Energy, Minerals and Natu	iral Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		30-025-04888
District III			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
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-140 BOSSUCH PROPOSALS.)			Arnott Ramsay NCT D
1. Type of Well: Oil Well	Gas Well Other NOV 1 6 2015		8. Well Number 7
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380
3. Address of Operator 500 W. Illinois, Ste 100 Midland TX 79701			10. Pool name or Wildcat Jalmat; Tan-Yates-7 Rivers (Oil)
4. Well Location			
Unit Letter m :	660 feet from the South	line and	660 feet from the West line
Section 33		0	NMPM County Lea
State State State	11. Elevation (Show whether	DR, RKB, RT, GR, et	ic.)
12. Check A	appropriate Box to Indicate	Nature of Notice,	Report, or Other Data
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ОВ
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM			
OTHER:		OTHER:	
	. SEE RULE 19.15.7.14 NMAC. pletion.	. For Multiple Comple	ve pertinent dates, including estimated date etions: Attach wellbore diagram of ocedure:
1. Set CIBP @ 3722'.			
2. Cap w/35' cmt via wireline or 2	5sxs thru tbg. WOC. Tag.	Co	ndition of American
3. Run good MIT.			ndition of Approval: notify
A closed-loop system will be use	d to perform this operation		CD Hobbs office 24 hours
		prior	of running MIT Test & Chart
Spud Date:	Rig Relea	ase Date:	
I hereby certify that the information	above is true and complete to the	e best of my knowledg	ge and belief.
SIGNATURE Alyphine	\wedge	LE Regulatory Analy	
Type or print name Stephanie Rab	adue E-m	nail address:	PHONE 432-620-6714
For State Use Only	Alarm st	ephanie_rabadue@x	LUDEWIADDATE 11/30/201
Conditions of Approval (if any):	providence		mpenutorate Joy 201
	1		NOV 3 0 2015

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