Submit 1 Copy To Appropriate District Office State of New Mexico Energy, Minerals and Natural I	A CHILL C A CD
District I 1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-04890
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION D	IVISION 5 Indicate Type of Lease
District III 1220 South St. Franci 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 8750	S Dr.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR P DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) PO PROPOSALS.)	RSUCH
1. Type of Well: Oil Well 🔼 Gas Well 🗌 Other	0V 1 6 2015 8. Well Number
2. Name of Operator XTO Energy, Inc.	9. OGRID Number 005380
3. Address of Operator 500 W. Illinois St Ste 100 Midland, TX 79701	10. Pool name or Wildcat Jalmat; Tan-Yates - 7 Rvrs
4. Well Location	
Unit Letter L : 1980' feet from the South	line and 660' feet from the West line
Section 33 Township 21S Range 36E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON X CHANGE PLANS CO	MMENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE COMPL   CA	SING/CEMENT JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
OTHER:	HER:
<ol> <li>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.</li> <li>Energy, Inc respectfully requests to TA the referenced well with the following procedure:         <ol> <li>Set CIBP @ 3215'.</li> <li>Cap w/35' cmt via wireline or 25sxs thru tbg. WOC. Tag.</li> <li>Run good MIT.</li> </ol> </li> <li>Condition of Approval: notify         <ol> <li>OCD Hobbs office 24 hours</li> </ol> </li> <li>Prior of running MIT Test &amp; Chart</li> </ol>	
Spud Date: Rig Release D	ate:
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE DE CALADUR TITLE Regulatory Analyst DATE 11/05/2015	
Type or print name Stephanie Rabadue E-mail address: PHONE 432-620-6714	
For State Use Only 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
APPROVED BY Water Drown TITLE WIST. Supervisor DATE W 30/2015	

NOV 3 0 2015

## Arnott Ramsay NCT 'D' #9

API#: 30-025-04890

## **Current WBD**

GL: 3584' KB TO GL: 12.7'

