| Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources | Form C-103 June 19, 2008 |
|--|---|
| 1625 N. French Dr., Hobbs, NM 87240 District II | WELL API NO. 30-025-23939 |
| 1301 W. Grand Ave., Artesia, NVI 88210 - The second s | 5. Indicate Type of Lease |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 1220 South St. Francis Dr. 1220 South St. Francis Dr. | STATE FEE |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | 6. State Oil & Gas Lease 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 PROPOSALS.) | Arrowhead Grayburg Unit |
| 1. Type of Well: Oil Well Gas Well Other Injector | 8. Well Number |
| 2. Name of Operator / | 9. OGRID Number |
| XTO Energy, Inc. | 005380 |
| 3. Address of Operator | 10. Pool name or Wildcat |
| 500 W. Illinois St Ste 100 Midland, TX 79701 4. Well Location | Arrowhead; Grayburg |
| Unit LetterO : | 1650' feet from the East line |
| Section 25 Township 21s Range 36E | NMPM County Lea |
| 11. Elevation (Show whether DR, RKB, RT, GR, e | etc.) |
| 12. Check Appropriate Box to Indicate Nature of Notice, | Report, or Other Data |
| NOTICE OF INTENTION TO: | BSEQUENT REPORT OF: |
| | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL | LING OPNS. P AND A |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT | JOB |
| | |
| | raedenhead |
| Describe proposed or completed operations. (Clearly state all pertinent details, and g of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attac or recompletion. | ive pertinent dates, including estimated date |
| 05/16/2016: XTO Energy, Inc ran a good MIT & Bradenhead. Copy of cha | art and form are attached. |
| | |
| | |
| | |
| | |
| | |
| Spud Date: Rig Release Date: | |
| I hereby certify that the information above is true and complete to the best of my knowled | ge and belief. |
| | ory Analyst DATE 06/09/2016 |
| Type or print name <u>Stephanie Rabadue</u> E-mail address: | extoenergy.comPHONEPHONE |
| For State Use Only | M 1 1 |
| APPROVED BY Jour TITLE Omptance | Aficser DATE 6/22/16 |
| Conditions of Approval (if any): | |
| | |

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HOBBS OCD

State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office

JUN 1 6 2016

RECEIVED

BRADENHEAD TEST REPORT

| UL/Lot O | Section 25 | Township 21S | Range 36E | | Feet from 660 | N/S Line South | Feet From 1650 | E/W Line East | County Lea | |
|-------------|---------------|-----------------|--------------|--|------------------|-------------------|-------------------|------------------|---------------|--|
|-------------|---------------|-----------------|--------------|--|------------------|-------------------|-------------------|------------------|---------------|--|

| Well Status | | | | | | | |
|-------------|--------------|------------------|--------|-----------------|---------------------|------------------|--|
| YES | TA'D WELL NO | SHUT-IN YES N | NO INJ | INJECTOR SWD | PRODUCER OIL GAS | DATE 5-3-2016 | |

OBSERVED DATA

| / | (A)Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Csng | (E) Tubing | |
|-----------------------------|------------|---------------|---------------|---------------|---------------------------|--|
| Pressure | Ø | | | Ø | 750 | |
| Flow Characteristics | 1 | | 10-1-1 | . /0 | | |
| Puff | Y / N | Y/N | Y / N | YIN | - CO2 - | |
| Steady Flow | Y/D | Y/N | Y/N | Y/D | WTR 4 | |
| Surges | Y/N | Y/N | Y / N | YIN | GAS; Type of Fluid | |
| Down to nothing | (P/N | Y/N | Y/N | (V) N | Injected for | |
| Gas or Oil | Y/N | Y/N | Y / N | Y/N | Waterflood if applies. | |
| Water | Y/N | Y/N | Y / N | YN | - | |

| Signature: Alan Miller | - XTO Energy | OIL CONSERVATION DIVISION | | |
|---------------------------|---------------------|---------------------------|-------------------|--|
| Printed name: | 17 | Entered into RBDMS | $\langle \rangle$ | |
| Title: | | Re-test | 24 | |
| E-mail Address: | | | AND | |
| Date: 5-16-2016 | Phone: 575-441-1641 | | put | |
| | Witness: | | V | |

