Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources	Form C-103 June 19, 2008
District I 1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District II OII CONSERVATION DIVISION	30-025-35419
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 0 7 3 0 2016 Santa Fe, NM 87505	STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 RECEIVED	
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.)	7. Lease Name or Unit Agreement Name: Arrowhead Grayburg Unit
1. Type of Well: Oil Well Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number
XTO Enery, Inc	005380
3. Address of Operator	10. Pool name or Wildcat
500 W. Illinois St Ste 100 Midland, Texas 79701 4. Well Location	Arrowhead; Grayburg
Unit Letter : 2590 feet from the South line and	60 feet from the line
Section 35 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: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILL	ING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT J	OB \square
DOWNHOLE COMMINGLE	
DOWNHOLE COMMINGLE	
OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and gi	we pertinent dates including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attack or recompletion.	
XTO Energy, inc respectfully requests to TA the referenced well with the following procedure:	
1. Set CIBP @ 3621'.	
2. Cap w/25sx cmt thru tbg or 35' cmt via wireline. WOC. Tag.	
2. Cap w/25sx cmt thru tbg or 35' cmt via wireline. WCC. Tag. 3. Perform good MIT test. Condition of Approval: notify	
OCD Hobbs office 24 hours	
A closed-loop system will be used to conduct this operation prior of running MIT Test & Chart	
	prior of running will 2000
Sand Date:	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	e and helief
Thereby certify that the information above is true and complete to the best of my knowledge	c and benef.
SIGNATURE Atlante Rabidle TITLE Regulatory Analyst DATE 10/22/2016	
stephanie rabadue@xtoenergy.com	
Type or print name <u>Stephanie Rabadue</u> E-mail address:	PHONE 432.620.6714
For State Use Only, AA 1 1 0	
APPROVED BY TITLE SULT S	Supervisor 11/2/2016
Conditions of Approval (if any):	

MONTHS.

