Submit I Copy To Appropriate District State of New M Office HOBBS OCO inerals and Nath District II Id25 N. French Dr., Hobbs, NM 88240 District III I301 W. Grand Ave., Artesia, NM 8 SEP 0690 CONSERVATIO District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM District IV 1220 South St. Fr 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10 PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator XTO Energy, Inc. 3. Address of Operator 500 W. Illinois St Ste 100 Midland, Texas 79701	ural Resources Revised July 18, 2013 ON DIVISION rancis Dr. 87505 WELL API NO. 30-025-06284 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. ELLS OR PLUG BACK TO A
4. Well Location	
Unit Letter E : 1980 feet from the North	n line and 600 feet from the West line
Section 30 Township 20S R	Range 37E NMPM County Lea
11. Elevation (Show whether	
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	
TEMPORARILY ABANDON X CHANGE PLANS	
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT JOB
OTHER: AMENDED OTHER:	
 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 to temporarily abandon the referenced location for 5-years with the following procedure: Set CIBP @ 3525' w/25sx thru tbg or 35' via wireline. WOC 4 hours. Tag. Run good MIT. Or deeper TOP PEEF 3625' A closed-loop system will be used for this operation. 	
Spud Date: Rig Rele	ase Date:
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Ata dramć Kabadue TITLE Regulatory Analyst DATE 09/06/2017	
Type or print name Stephanie Rabadue E-mail address: PHONE 432-620-6714	
For State Use Only Matury Brown TITLE AO/IL DATE 9/16/2017 APPROVED BY Conditions of Approval (if any):	
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