Submit 1 Copy To Appropriate District State of New Mexico Form C-103	
Office Energy, Minerals and Natural Resources Revised July 18 2013	
District I 1625 N. French Dr., Hobbs, NM 88240 District U WELL API NO. 30-025-25320	-
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION 5. Indicate Type of Lease	-
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE 🕱 FEE	-
6. State Oil & Gas Lease No.	
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-101) FOR SUCH	-
1. Type of Well: Oil Well A Gas Well Other HOBBS OCD. Well Number 450	-
2. Name of Operator XTO Energy, Inc. 9. OGRID Number 005380	
3. Address of Operator JAN 02 2018 10. Pool name or Wildcat	A
500 W. ILLINOIS SUITE 100 MIDLAND, TEXAS 79701 Eunice Monument; Grayburg-San Andres	
4. Well Location Unit Letter J : 1980 feet from the SOUTH 1980 feet from the East line	
Section 22 Township 21S Range 36E NMPM County Lea	-
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3592'	
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]
TEMPORARILY ABANDON X CHANGE PLANS COMMENCE DRILLING OPNS. P AND A]
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
OTHER: OTHER:)
13. 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. REQUESTS TO TA' THE REFERENCE WELL FOR 5 YEARS. WITHTHE FOLLOWING PROCEDURE: 1. MIRU PU. ND WH. NU BOP. POOH with ESP.	
2. PU & RIH w/CIBP. Set CIBP @ 3700'	
3. DUMP 25SX CMT THRU TUBING OR 35' VIA WIRELINE. WOC 4 HRS, TAG.	
4. RUN GOOD MIT A CLOSED LOOP SYSTEM WILL BE USED FOR THIS OPERATION.	roval: notify
OCD Hobbs offi	ce 24 hours
Spud Date: Rig Release Date: Prior of running MI	T Test & Chart
Spud Date: Rig Release Date:	- Toot or Chart
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Jala Malc TITLE Regulatory Analyst DATE 12/19/2017	
Type or print name Patricia Donald E-mail address: PHONE 432-571-8220	
For State Use Only AA 1 1 1 Patricia_donald@xtoenergy.com	
APPROVED BY AUTOLOUT TITLE NO/IL DATE 1/3/2018	
Conditions of Approval (if any)	3
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