

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OGD
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
DEC 06 2018

WELL API NO 30-025-33359
5. Indicate Type of Lease STATE [X] FEE [X]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JR PHILLIPS
8. Well Number 14
9. OGRID Number 005380
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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.)
1. Type of Well: Oil Well [X] Gas Well [ ] Other [ ]
2. Name of Operator XTO ENERGY INC.
3. Address of Operator 6401 HOLIDAY HILL ROAD MIDLAND TEXAS 79707
4. Well Location Unit Letter D : 760 feet from the NORTH line and 660 feet from the WEST line Section 6 Township 20S Range 37E 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 [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: TA EXTENSION [X]

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 A 12 MONTH EXTENSION DUE TO SCHEDULING. A GOOD CHART IS ATTACHED RAN ON 11/30/2018.

This Approval or Temporary Abandonment Expires 12/3/2019

Spud Date: [ ] Rig Release Date: [ ]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Patricia Donald TITLE Regulatory Analyst DATE 12/5/18

Type or print name PATRICIA DONALD E-mail address: patricia\_donald@xtoenergy.com PHONE: 4325718220

APPROVED BY: [Signature] TITLE AO/I DATE 12/6/2018
Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT

Operator Name <b>XTO</b>		API Number <b>30-025-33359</b>
Property Name <b>J R Phillips #</b>		Well No. <b>#14</b>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>D</b>	<b>6</b>	<b>20S</b>	<b>37E</b>	<b>760</b>	<b>N</b>	<b>660</b>	<b>W</b>	<b>LEA</b>

Well Status

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJECTOR <input type="checkbox"/> INJ <input type="checkbox"/> SWD	OIL PRODUCER <input type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS	DATE <b>12-3-18</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>NONE</b>
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	CO2 ___
Steady Flow	Y/N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	WTR ___
Surges	Y/N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS ___
Down to nothing	Y/N	Y/N	Y/N	<input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	
Water	Y/N	Y/N	Y/N	Y/ <input checked="" type="checkbox"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**T/A TEST**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	Phone:
Witness: <b>Gay Holman</b>	

INSTRUCTIONS ON BACK OF THIS FORM