

WELL API NO.

30-025-33359

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; 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

## 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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

XTO ENERGY INC.

3. Address of Operator

8401 HOLIDAY HILL ROAD MIDLAND TEXAS 79707

4. Well Location

Unit Letter **D** : **760** feet from the **NORTH** line and **660** feet from the **WEST** lineSection **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** ☒

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 of Temporary  
Abandonment Expires

12/3/19

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

TITLE

Regulatory Analyst

DATE

12/15/18

Type or print name

PATRICIA DONALD

E-mail address:

patricia\_donald@xtoenergy.com

PHONE:

4325718220

For State Use Only

APPROVED BY:

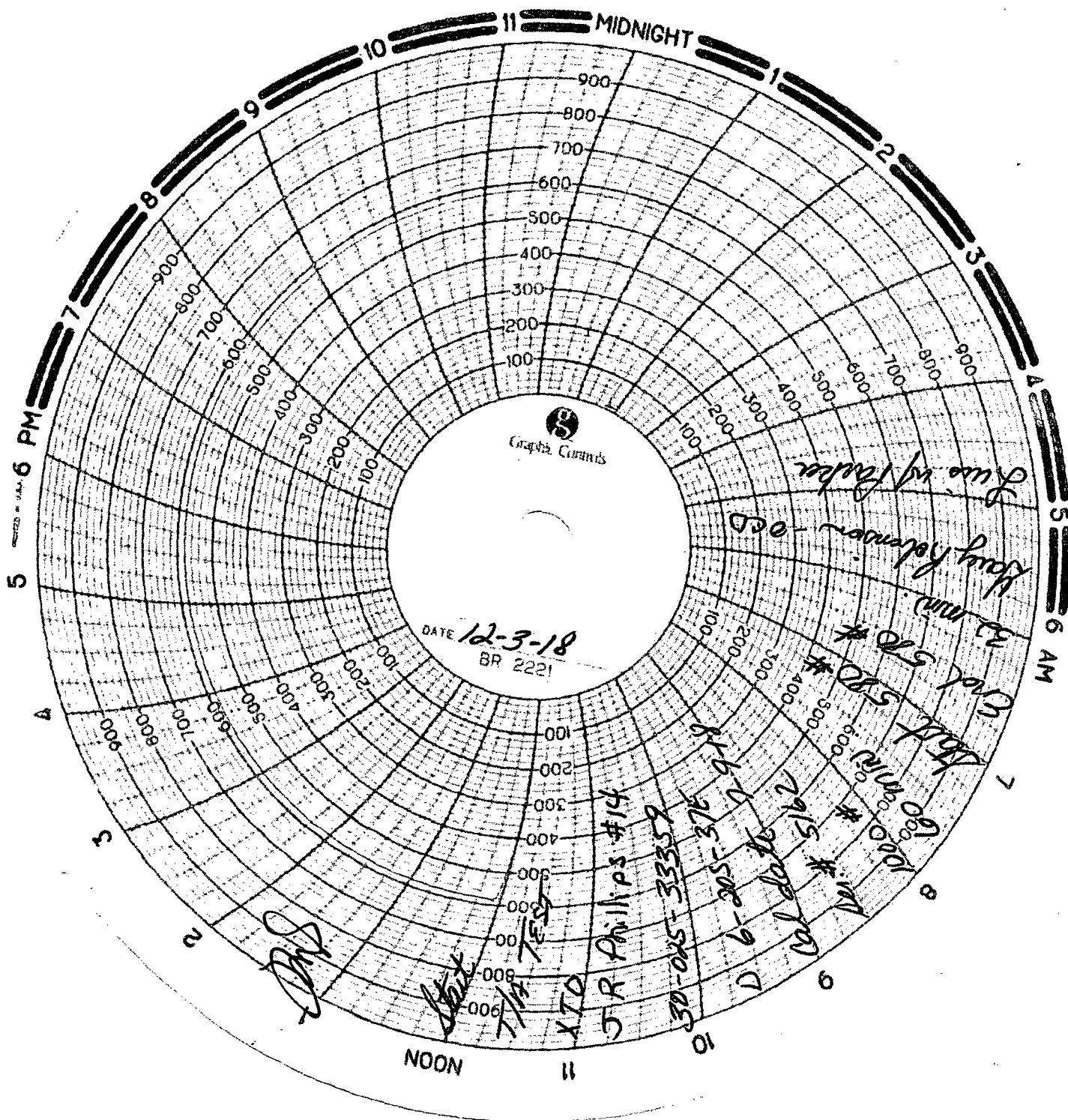
TITLE

Compliance Supervisor

DATE

12/11/18

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

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJECTOR INJ	SWD	OIL PRODUCER <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 Csg	(E)Tubing
Pressure	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>None</b>
Flow Characteristics					
Pull	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 / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for
Water	Y / N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Waterhead if
					applies

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>Larry Holman</b>			

INSTRUCTIONS ON BACK OF THIS FORM