

State of New Mexico  
Energy, Minerals and Natural ResourcesForm C-103  
Revised July 18, 2013**HOBBS OGD****MAY 01 2019****RECEIVED**

## WATER CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, NM 87505WELL API NO.  
30-025-315805. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name  
ARROWHEAD GRAYBURG UNIT

8. Well Number 181

9. OGRID Number  
00538010. Pool name or Wildcat  
ARROWHEAD; GRAYBURG

## 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 Injection ☐2. Name of Operator  
XTO ENERGY, INC.3. Address of Operator  
6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707

## 4. Well Location

Unit Letter M : 660 feet from the SOUTH line and 660 feet from the WEST line  
Section 6 Township 22S 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: FAILED MIT ☒

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

04/23/2019: Annual MIT failed. Well SI. A copy of the failed MIT chart is attached.

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 Cheryl Rowell TITLE Regulatory Coordinator DATE 04/24/19Type or print name Cheryl Rowell E-mail address: cheryl\_rowell@xtoenergy.com PHONE: 432-571-8205

## For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 5-7-19  
Conditions of Approval (if any)

**HOBBS OCD**

**MAY 01 2019**

**RECEIVED**

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

**BRADENHEAD TEST REPORT**

Operator Name <b>XTO Energy, Inc</b>	API Number <b>30-025-31580</b>
Property Name <b>Arrowhead Grayburg Unit</b>	Well No. <b>181</b>

**2. Surface Location**

UL - Lot <b>M</b>	Section <b>6</b>	Township <b>22S</b>	Range <b>37E</b>	Fect from <b>660</b>	N.S Line <b>South</b>	Fect From <b>660</b>	E/W Line <b>West</b>	County <b>Lea</b>
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**Well Status**

TA'D WELL <b>YES</b>	<b>NO</b>	SHUT-IN <b>YES</b>	<b>NO</b>	INJECTOR <b>INJ</b>	SWD	PRODUCER <b>OIL</b>	GAS	DATE <b>4-23-19</b>
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>590</b>
<b>Flow Characteristics</b>					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	

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

*Failed  
MIT*

*Letter  
4-23-19*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>[Signature]</i>
E-mail Address:	
Date:	
Phone:	
Witness: <i>[Signature]</i>	

