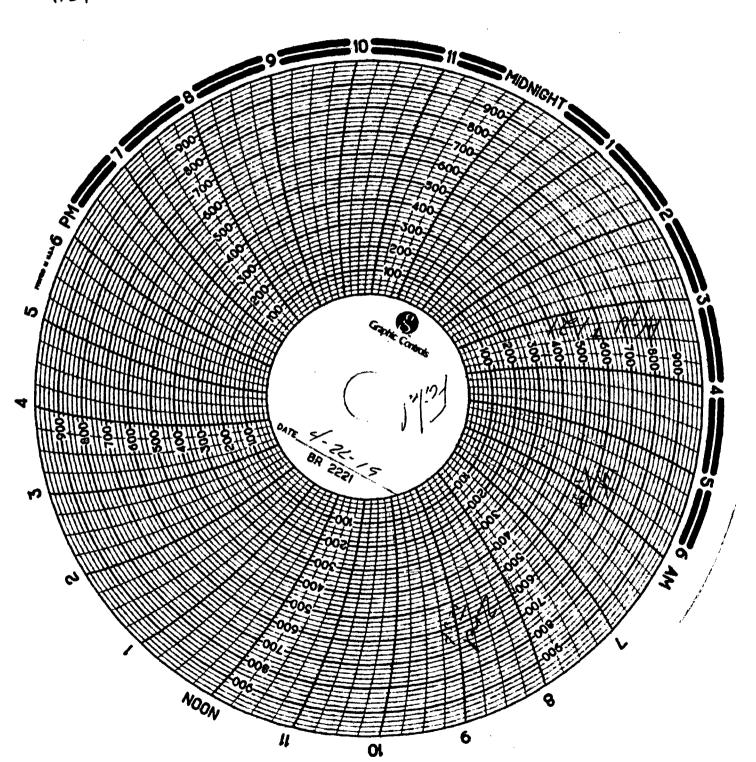
والمتحد المتحد المتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتحد والمتح		
Submit 1 Copy To Appropriate District	State of New Marrison	Form C-103
Office	State of New Mexico Energy, Minerals and Natural Resources	Revised July 18, 2013
* <u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, which als and water as resources	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-04914
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE
1000 Rio Brazos Rd., Aztec, NM 2410 District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV - (505) 476-3460 1220 S. St. Francis Dr., State, NM 87505	5	
SUNDRY NOTIC	EXAMPLE TO REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSE	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	ARROWHEAD GRAYBURG UNIT
PROPOSALS.)	TION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number 121
	as Well 🔲 Other Injection	
2. Name of Operator XTO ENERGY, INC.		9. OGRID Number 005380
3. Address of Operator	·	10. Pool name or Wildcat
6401 HOLIDAY HILL RD, BLDG 5	, MIDLAND TX 79707	ARROWHEAD; GRAYBURG
4. Well Location		
Unit LetterA:_	_660feet from theNORTH line and	_660feet from theEASTline
Section 35	Township 21S Range 36E	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	)
12. Check Ar	propriate Box to Indicate Nature of Notice,	Report or Other Data
-	· · ·	•
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING   TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A		
OTHER: 13 Describe proposed or comple	ted operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion		
04/22/2019: Annual MIT failed. Well SI. A copy of the failed MIT chart is attached.		
Spud Date:	Rig Release Date:	
۰ L		
		·
I hereby certify that the information at	oove is true and complete to the best of my knowledge	ge and belief.
		04/02/10
SIGNATURE Cheryl R	well TITLE Regulatory Coordina	04/23/19 tor DATE
Chervl Rowell	cheryl rowell@	
Type or print name	E-mail address:	PHONE:
For State Use Only		
APPROVED BY: Keny Forher TITLE 5- Compliance Officien ADATE 5-9-19		
Conditions of Approval (if and):		



11540-520-02