

Submit 1 Copy To Appropriate District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-05762
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name B V Culp NCT B
8. Well Number 001
9. OGRID Number 005380
10. Pool name or Wildcat Eunice Monumnet; Graybug-San Andres

SUNDRY NOTICES AND REPORTS ON WELL  
(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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator XTO Energy, Inc
3. Address of Operator 6401 Holiday Hill, Rd #5 Midland, Tx 79707
4. Well Location Unit Letter J : 2310 feet from the South line and 2310 feet from the East line Section 31 Township 19S Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3575' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: TA Extension <input checked="" type="checkbox"/>		OTHER: TA Ext. <input checked="" type="checkbox"/>	

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. respectfully requests a 3-Year TA extension pending a good MIT. This well is being evaluated for recompletion due to economics. A copy of a good chart is attached.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 11-18-21  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: X 7

Spud Date:

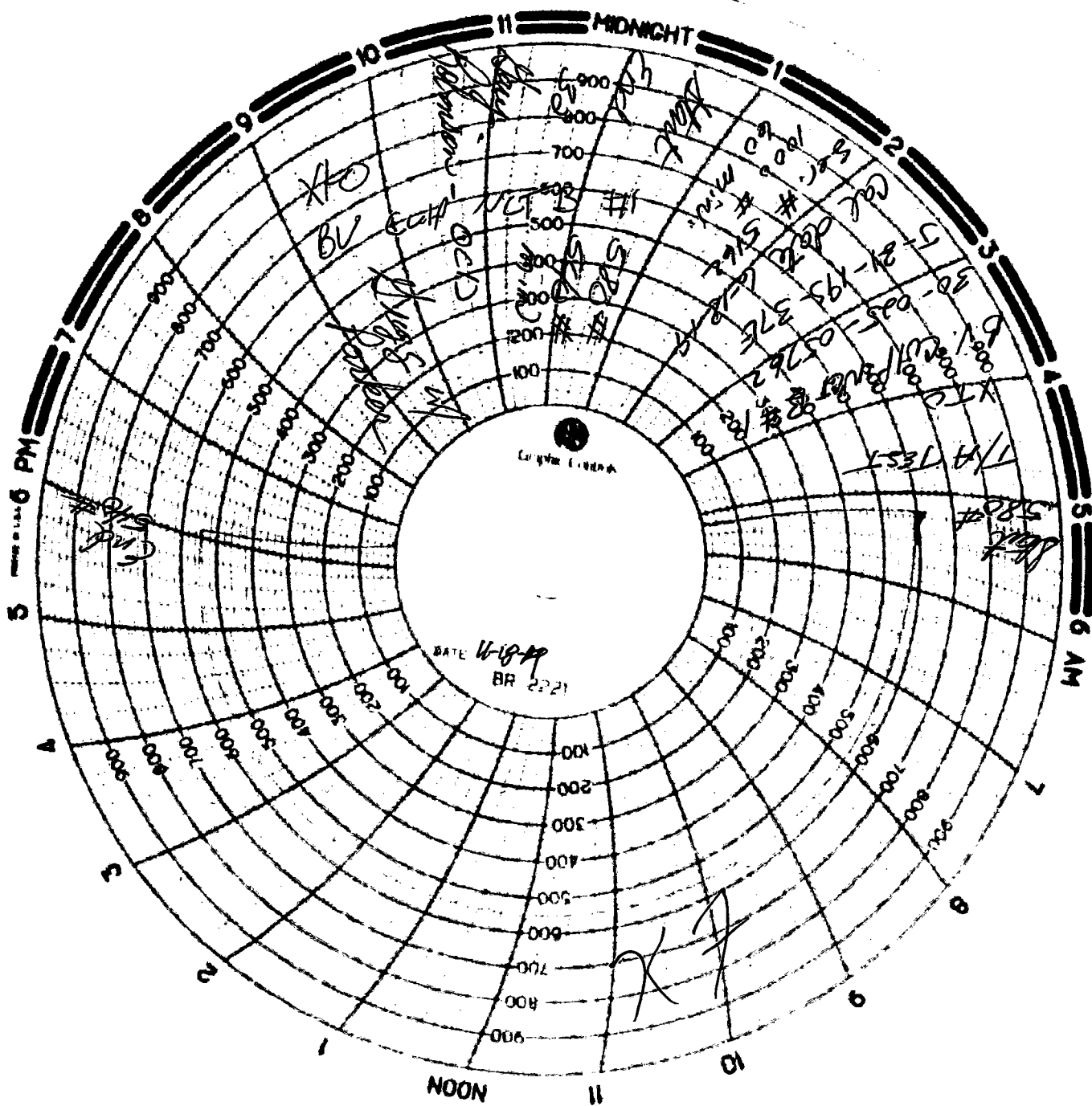
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cassie Evans TITLE Regulatory Analyst DATE 10/05/19

Type or print name Cassie Evans E-mail address: cassie.evans@xtoenergy.com PHONE: 432.218.3671

For State Use Only

APPROVED BY: Kerry Furt TITLE C.O A DATE 11-25-19  
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>30-025-05762</b>	
Property Name <b>BV CULP NCT</b>		Well No. <b>#1</b>	

**2. Surface Location**

UL - Lot <b>J</b>	Section <b>31</b>	Township <b>19S</b>	Range <b>37E</b>	Feet from <b>2310</b>	N/S Line <b>S</b>	Feet From <b>2310</b>	E/W Line <b>E</b>	County <b>LEA</b>
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**Well Status**

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJ	INJECTOR	SWD	OIL	PRODUCER <input checked="" type="radio"/> GAS <input type="radio"/> OIL	DATE <b>11-18-19</b>
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure				<b>0</b>	<b>NOISE</b>
<b>Flow Characteristics</b>					
Puff	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2
Steady Flow	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR
Surges	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS
Down to nothing	Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of fluid injected for waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/> 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>Deey Robinson</b>		

INSTRUCTIONS ON BACK OF THIS FORM