

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6166
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 742-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6978
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 335-3460
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. 30-025-33359
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <input checked="" type="checkbox"/>
7. Lease Name or Unit Agreement Name JR Phillips
8. Well Number 14
9. OGRID Number 005380
10. Pool name or Wildcat Eumont Yates Seven Rivers Queen

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 6401 Holiday Hill, Rd #5
Midland, Tx 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.)
3573' GR

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: TA Extension ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: TA ext. ☒

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 1-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: 7/7

Spud Date:

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

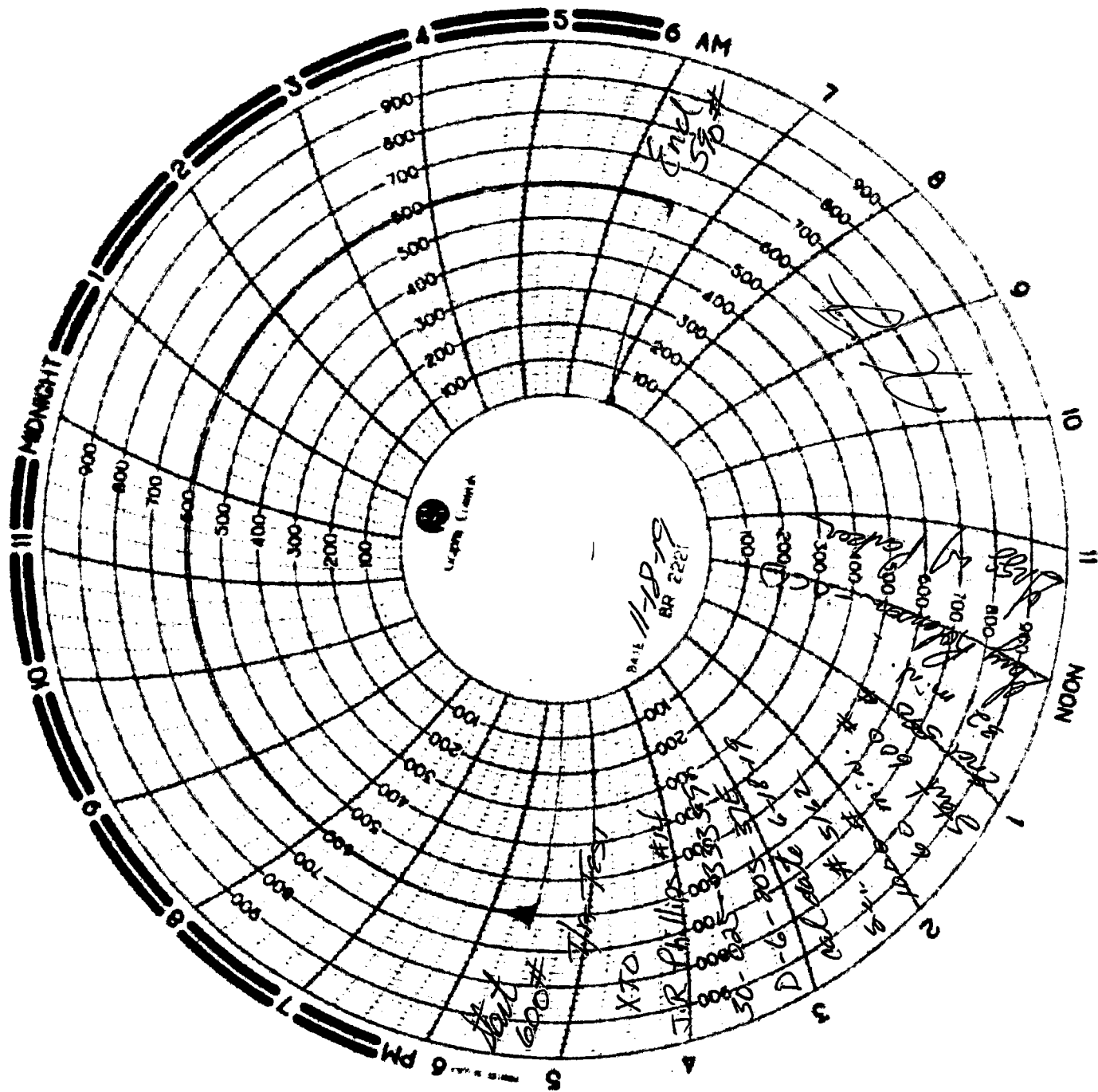
SIGNATURE Cassie Evans TITLE Regulatory Analyst DATE 10/05/19

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

For State Use Only

APPROVED BY: Kerry Fort TITLE C.O. DATE 11-25-19

Conditions of Approval (if any)



District I
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6151 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

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

Surface Location

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

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure				0	NONE
Flow Characteristics					
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 expected 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:	Gray Robinson

INSTRUCTIONS ON BACK OF THIS FORM