Submit 3 Copies To Appropriate District	State of New Mo			Form C-103
Office District I	Energy, Minerals and Natu	iral Resources	THE LABORATOR	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II	0 00.10		WELL API NO. 30-015	-24623
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			f Lease
District III	trict III 1220 South St. Francis Dr. Santa Fe, NM 87505			
District IV	Santa Fe, INIVI 8	7303	STATE X	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas LG-2726-1	Lease No.
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)		OR PLUG BACK TO A	7. Lease Name or Avalon (Delawar	Unit Agreëment Name: re) Unit
1. Type of Well: Oil Well X Gas Well	Other		8. Well Number	16
2. Name of Operator			9. OGRID Number	
XTO Energy, Inc.				
3. Address of Operator			10. Pool name or	
200 N. Loraine, Ste. 800 4. Well Location	Midland, TX 79701		Avalon; Delawar	re 3715
Unit Letter	1650 feet from the SO	JTH line and	1980 feet from	m the EAST line
Saction	Township 200	Danga 200	NIMDM	County
Section 30	Township 20S 11. Elevation (Show whether	Range 28E	NMPM	County EDDY
	. T	268 GR		
12 Check A	ppropriate Box to Indicate	Nature of Notice	Report or Other	Data
12. Officer 11	ppropriate box to maleate	1	· · · ·	. · · · · · · · · · · · · · · · · · · ·
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REF	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	ÑÃ OPNS T	
 -	<u>—</u>	, and the second		L VIND Y
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JO	OR 🗀	
DOWNHOLE COMMINGLE		-		
OTHER: Extend TA Status	<u></u>	OTHER:		
13. Describe proposed or completed of starting any proposed work). or recompletion.	d operations. (Clearly state all pe SEE RULE 1103. For Multiple			
XTO Energy, Inc would lik	e to request a 1-year TA e	extension on the Av	valon Delaware Un	it #246 pending a
good MIT.			•	
••				RECEIVED
	~			NOV 0 9 2012
	- 00.0		i	
CASI	PROP 1/1/2008	TA status may k	e granted after a	CD ARTESIA
11/16	Xf (RED 16/11/12-		test is performed.	
		Contact the OCI	D to schedule the	tact
Spud Date:	Rig Relea	so it may be wit		icst
I hereby certify that the information a	above is true and complete to the	hest of my knowledg	e and belief	= = = = = = = = = = = = = = = = = = = =
A			o und bener.	En la traffet a " " Aliga.
SIGNATURE STEP MAN	e kabadue TIT		ry Analyst	DATE 10/31/2012
Type or print name <u>Stephanie Rab</u>		stephanie_rabadue@ nail address:		PHONE 432-620-6714
For State Use Only	/			/ ,
APPROVED BY CHAPO	Mad TIT	TLE COMPLEA	WE OFFICE	NATE 11/16/12
Conditions of Approval (if any):	111	ILL COMPANIE	· · · · · · · · · · · · · · · · · · ·	DATE WET (3/C