Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised November 3, 2011 WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-045-07921	
811 S. First St., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			CA – NMNM 73428	
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.)		7. Lease Name or Unit Agreement Name LEFKOVITZ GAS COM		
1. Type of Well: 🗌 Oil Well 🛛	be of Well: 🗍 Oil Well 🛛 Gas Well 📋 Other		8. Well Number #1X	
2. Name of Operator XTO ENERGY INC.	OIL CONS. DIV DIST. 3		9. OGRID Number 5380	
3. Address of Operator 382 CR 3100 AZTEC, NM 87410	MAY 202014		10. Pool name or Wildcat AZTEC PICTURED CLIFFS	
4. Well Location				
	eet from the <u>NORTH</u> line and			
Section 25 Township 29N Range 10W NMPM County SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11.				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5573' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
TEMPORARILY ABANDON	TENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING CHANGE PLANS COMMENCE DRILLING OPNS. P AND A MULTIPLE COMPL CASING/CEMENT JOB			
OTHER:		⊠ Location is re	eady for OCD inspection after P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the 				
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OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u> PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
The location has been leveled as nother production equipment.	hearly as possible to original groun	nd contour and has	been cleared of all junk, trash, flow lines and	
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
			have been remediated in compliance with uction equipment and junk have been removed	
from lease and well location.				
All metal bolts and other materials to be removed.)	s have been removed. Portable ba	ses have been remo	ved. (Poured onsite concrete bases do not have	
All other environmental concerns				
	n abandoned in accordance with 1	9.15.35.10 NMAC.	. All fluids have been removed from non-	
retrieved flow lines and pipelines.	emaining well on lease: all electrid	cal service poles and	d lines have been removed from lease and well	
location, except for utility's distribution		•		
When all work has been completed, re	turn this form to the appropriate I	District office to sch	edule an inspection.	
	Mouou TITLE_F			
60.				
TYPE OR PRINT NAME SHERRY For State Use Only	<u>/ J. MORROW</u> E-MAIL: <u>sherr</u>	ry_morrow@xtoene	ergy.com_PHONE: (505) 333-3630	
		moliance C	Afre DATE 6/6/2014	

APPROVED BY:	mail
APPROVED BY: Conditions of Approva	(if any):

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DATE 98007