(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)  1. Type of Well: Oil Well X Gas Well  2. Name of Operator	State of New Mexico Energy, Minerals and Natural Resources  OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505  CES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH  Other		Form C-103 June 19, 2008  WELL API NO. 30-015-28661  5. Indicate Type of Lease STATE  FEE  6. State Oil & Gas Lease No.  7. Lease Name or Unit Agreement Name: Avalon Delaware Unit  8. Well Number 253  9. OGRID Number	
XTO Energy, Inc.			005380	
3. Address of Operator 500 W. Illinois Ste 100 Midland, TX 79701			Avalon; Delaware	
4. Well Location			- Ivalou, belaware	
Unit Letter	1046 feet from the Son	uth line and	2677 feet from	the West line
Section . 30	Township 20S	Range 28E	NMPM	County <b>Eddy</b>
	11. Elevation (Show whether	<del></del>		
3273' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUB			SEQUENT REP	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK	x	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	OB $\square$	_
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  11/20/2014: MIRU PU.				
11/21-11/24//2014: POOH w/tbg, acidize well w/7500 gals 15% HCL 90/10. 11/25/2014: RIH w/2-3/8" J-55 IPC tbg, sting into anchor assembly. Rum good MIT. Chart is uploaded on NMOCD site.				
A closed-loop system was used to perform this operation.				
Spud Date:	Dia Pala	ase Date:		7
Space Date.	Nig Kele	use Date.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE Regulatory Analyst DATE 1/19/2015  stephanie rabadue@xtoenergy.com				
Type or print name Stephanie Rab	adue E-r	nail address:		PHONE <u>432-620-6714</u>
For State Use Only			<del>-</del> .	

APPROVED BY Conditions of Approval (if any):