Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505		Form C-103 June 19, 2008	
		WELL API NO.	
		30-045-09820	
		5. Indicate Type of Lease STATE FEE FEE STATE STATE FEE STATE ST	
District IV		6. State Oil & Gas Leas	
1220 S. St. Francis Dr., Santa Fe, NM 87505		o. State on & Gas Boas	
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: BANDY	
1. Type of Well: Oil Well Gas Well X Other		8. Well Number #1	
2. Name of Operator NOV 0 7 2014		9. OGRID Number	
XTO Energy Inc.		5380	
3. Address of Operator 382 CR 3100 Aztec, NEW MEXICO 87410		10. Pool name or Wildcat AZTEC PICTURED CLIFFS	
4. Well Location			
Unit Letter N: 1196 feet from the SOU	Iine and	1992 feet from the	line
Section 3 Township 30N Range 11W NMPM County SAN JUAN			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
5,663' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON 🕱 CHANGE PLANS 🔲 COMMENCE DRILL		ING OPNS. P	AND A
OR ALTER CASING		ов 🗆	
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.			
XTO Energy Inc. requests for this gas monitoring well to be put into TA status. XTO asks that with			
the status change this well not be placed on the NMOCD Inactive well list. XTO plans to continue monitoring the BH pressure and to bleed off per NMOCD request. All producing zones have been plugged			
previously, and the Upper zone is being used for monitoring and a recovery well.			
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* Submit a remediation plan within 90da	ys detailing X	TO's future remediat	ion plans for this well.
Spud Date: Rig Relea			
I hereby certify that the information above is true and complete to the	hest of my knowledg	ve and belief	
Visit O R. I. I.	out of my miowical	,•	
SIGNATURE W. DAVCOCK TITLE REGULATORY ANALYST DATE 11/5/2014			
Type or print name KRISTEN D. BABCOCK E-mail address: PHONE 505-333-3206			
For State Use Only	EPUTY OIL&	GAS INSPECTOR	1/2/11/
		CT #3 DATE	<u> </u>
Conditions of Approval (if any):	٧		