Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District 1	Energy, Minerals and Natu	ral Resources	June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION	NDIVISION	30-025-31445
District.II 1301 W. Grand Ave., Artesia, NM 882	CENE Bouth St. Fra	ancis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd , Aztec, NM 87410 Santa Fc. NM 87505			STATE X FEE
1220 S. St. Francis Dt., Santa Fe, NM OUL TO ZUIZ			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			SEMGSAU :
1. Type of Well: Oil Well Gas Well Other			S. Well Number 907
2 Name of Operator XTO Energy, Inc.			9. OGRID Number 005380
3 Address of Operator			10. Pool name or Wildcat
200 N. Loraine, Ste. 800 Midland, TX 79701			Maljamar; Grayburg-San Andres
4. Well Location			·
Unit Letter H : 2	feet from the NOR	RTH line and	990 feet from the EAST line
Section 32		Range 33E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT. GR, etc.)			
12. Check Ap	propriate Box to Indicate	Nature of Notice, I	Report, or Other Data
NOTICE OF INTE	NTION TO:	l SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	
DOWNHOLE COMMINGLE	MOETH EL COMI L	O'NOINO/OEMENT O	
DOWNINGLE [_]			
OTHER Extend TA Status	X	OTHER:	
			ve pertinent dates, including estimated date in wellbore diagram of proposed completion
• • •	As manual a Committee To	J SENS	CCALL WOOT and the second MIT when the
XTO Energy, Inc would like to request a 6-month TA extension for SEMGSAU #907 pending a good MIT chart. Plugging this well is pending rig availability.			
		•	
		[
Spud Date	Rig Relea	ise Date:	
I hereby certify that the information ab	ove is true and complete to the	best of my knowledge	e and belief.
SIGNATURE CHIDINANUE	Kalxaler TIT	<u>LE Regulator</u>	ry Analyst DATE 7/16/12
Type or print name <u>STEPHANIE RABAI</u>	OUE F-m	stephanie_rabadue@ aailaddress:	
For State Use Only		<u> </u>	1
APPROVED BY	ehr m	TE . /)	NOT DATE 7-18-201
Conditions of Approval (if any):		· ····	DATE (1)
		•	JUL 1 9 2017
• • • • • •		•	JUL 1 3 2011
•			