Submit 3 Copies To Appropriate District	State of New Mo				n C-103	
Office District I	Energy, Minerals and Natu	iral Kesources	WELL API NO.	Jun	e 19, 2008	
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATIO	30-015-28658				
1301 W. Grand Ave., Artesia, NM 88210 District III	and Ave., Artesia, NM 88210 1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE 🗷 FEE 🗌			
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Ga	s 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name: Avalon Delaware Unit			
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number 222			
2. Name of Operator			9. OGRID Number			
XTO Energy, Inc.			005380			
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701			10. Pool name or Wildcat Avalon; Delaware 3715			
4. Well Location	MIGIAIRI, IX /9/01		· Avalor; Delawa	TE 2172		
Unit Letter F	1665 feet from the No.	rth line and	1452 feet fro	om the <u>West</u>	line	
Section 30	Township 205	Range 28E	NMPM	County	Lea	
30	11. Elevation (Show whether					
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other	Data		
NOTICE OF INT	ENTION TO:	SUE	SEQUENT RE	PORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK		ALTERING CA	ASING 🔲	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	юв 🗆			
DOWNHOLE COMMINGLE			•			
OTHER:		OTHER: RWIT			x	
13. Describe proposed or complete	d operations. (Clearly state all po SEE RULE 1103. For Multipl	ertinent details, and gi	•		d date	
This well has been taken day.	out of shut-in status and	returned to inject	tion w/ 480psi a	t a rate of 4b	ols per	
-	ve date?		ММ	OIL CONSERVA ARTESIA DISTRIC		
				AUG 2 8 2014	ļ	
				RECEIVED		
Spud Date:	Rig Rele	ase Date:				
I hereby certify that the information	above is true and complete to the	e best of my knowledg	ge and belief.			
SIGNATURE STUDYMA	tandul TIT		ry Analyst	_ DATE08/2	5/2014	
Type or print name <u>Stephanie Rab</u>	eadue E-n	stephanie_rabadue nail address:	extoenergy.com	_ PHONE <u>432-6</u>	20-6714	
For State Use Only APPROVED BY Leaffer	lras TI	tle Cymplub	ME MICHIER	DATE 9/2/1	Ef	
Conditions of Approval (if any):	II	ILL COMMUNE	· · · OFFICE	DATE <u> </u>		