Office: C.	State of New Mex nergy, Minerals and Natur			Form C-103	
District I 1625 N. French Dr., Hobbs, NM 87240	iorgy, inmergia giid iastrit	ai ivesonices	WELL API NO.	June 19, 2008	
District II	STRICT ON CONCEDVATION DIVISION			30-015-24623	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM. 87410 District IV	Santa Fe, NM 87	505	STATE 🗷	FEE 🗌	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Le	ease No.	
SUNDRY NOTICES / (DO NOT USE THIS FORM FOR PROPOSAL) DIFFERENT RESERVOIR, USE "APPLICATIO PROPOSALS.)		R PLUG BACK TO A	7. Lease Name or Un Avalon Delaware U		
1. Type of Well: Oil Well X Gas Well	Other		8. Well Number 246		
2. Name of Operator XTO Energy, Inc.	· · · · · · · · · · · · · · · · · · ·	.' .	9. OGRID Number		
3. Address of Operator		·	10. Pool name or Wi	Idcat	
500 W. Illinois St Ste 100 M	idland, TX 79701		Avalon: Delaware		
4. Well Location		**************************************	 .		
Unit Letter J : 1650	feet from the SOU.	line and	1980 feet from t	the EAST line	
Section 30		Range 28E		County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3268 GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
				4	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM RÉMEDIAL WORK 🔲 PL	UG AND ABANDON 🔲 📗	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CH	IANGE PLANS	COMMENCE DRILL	ING OPNS. 🔲	P AND A	
PULL OR ALTER CASING	ULTIPLE COMPL 🔲	CASING/CEMENT J	ов 🗆		
DOWNHOLE COMMINGLE	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			
OTHER: TA Extension		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 would like to	request a 2-Year TA ex	tension for the	referenced well pen	ding a good MIT.	
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· · ·	;	· :		1	
Spud Date:	Rig Releas	se Date:		_	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE ALPHANUE PATROLLE TITLE REGULATORY ADALVATE DATE 02/02/2016					
Type or print name Stephanie Rabadue E-mail address: PHONE 432-620-6714					
For State Use Only					
APPROVED BY ROUTAGE / NEW TITLE COMPLIANCE OFFICER DATE 2/10/16					
Conditions of Approval (if any):					