abandoned we		- A definition of the second	<u>a sa ka sa ka s</u> a sa		<u>An destructure in a contra</u>
	TRIPLICATE - Other ins	tructions on page 2		7: If Unit or CA/Agre 891000303X	ement, Name and/o
.1. Type of Well ⊠ Oil Well □ Gas Well □ Ott		a Maria Indonesia ang ang ang ang ang ang ang ang ang an	and an	<ol> <li>Well Name and No. POKER LAKE UN</li> </ol>	
2. Name of Operator XTO PERMIAN OPERATING	Contact: LLC E-Mail: kelly_kard	KELLY KARDOS los@xtoenergy.com		9. API Well No 30-015-45844-00-X1	
3a. Address 6401 HOLIDAY HILL ROAD E MIDLAND, TX 79707	6401 HOLIDAY HILL ROAD BLDG 5 MIDLAND, TX 79707 Ph: 432-620-4374		e)	10. Field and Pool of Exploratory Area PURPLE SAGE-WOLFCAMP (	
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description	n)		11. County or Parish,	State
Sec 24 T24S R30E NWNW 1 32.210133 N Lat, 103,842857	B4FNL 35FWL W Lon			EDDY COUNTY	(, NM
12. CHECK THE AI	PPROPRIATE BOX(ES)	) TO INDICATE NATURE (	OF NOTICE, F	REPORT, OR OTI	ER DATA
TYPE OF SUBMISSION		TYPE C	OF ACTION		<u>x - 2, , , e - , e</u>
	🗖 Acidize	Deepen	Productio	on (Start/Resume)	🗖 Water Shut
🛛 Notice of Intent	Alter Casing	Hydraulic Fracturing			🗖 Well Integr
Subsequent Report	Casing Repair	New Construction	🗖 Recompl	ete	🛛 Other
Final Abandonment Notice	Change Plans	Plug and Abandon	Tempora	rily Abandon	Change to Ori PD
13. Describe Proposed or Completed Op If the proposal is to deepen direction. Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f XTO Permian Operating, LLC original APD?	ally or recomplete horizontally, rk will be performed or provide l operations. If the operation re bandonment Notices must be, fii inal inspection.	ent details, including estimated start , give subsurface locations and meas e the Bond No. on file with BLM/BI esults in a multiple completion or re- led only after all requirements, inclu	sured and true vert IA Required subs completion in a ne uding reclamation,	posed work and appro ical depths of all pertin equent reports must be w interval, a Form 316 have been completed	ent markers and zo filed within 30 day 0-4 must be filed o
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