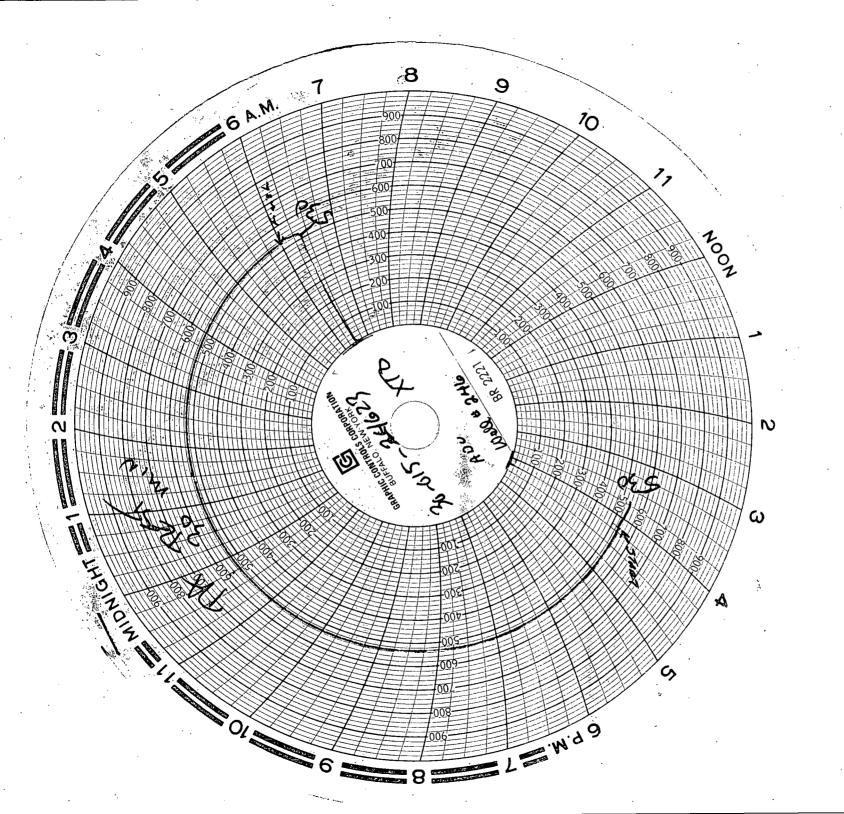
Submit 3 Copies To Appropriate District State of New Mexi	
Office Energy, Minerals and Natura	I Resources June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II OUL CONSERVATION	22 22 24 22
1301 W. Grand Ave., Artesia, NM 88210	DIVISION 5. Indicate Terms of Land
District III 1220 South St. France 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 875	
District IV	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	LG-2726-1
SUNDRY NOTICES AND REPORTS ON WELL: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) PROPOSALS.)	PLUG BACK TO A Armion (Dolamon) Thit
1. Type of Well: Oil Well	8. Well Number <b>246</b>
2. Name of Operator	9. OGRID Number
XTO Energy, Inc.	
3. Address of Operator	10. Pool name or Wildcat
200 N. Loraine, Ste. 800 Midland, TX 79701	Avalon; Delaware 3715
4. Well Location	
Unit Letter : feet from the SOUTE	line and 1980 feet from the EAST line
	nige 28E NMPM 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	
12. Officer rippropriate Box to marcate re	itale of Profice, Report, of Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
· <u> </u>	ASING/CEMENT JOB
DOWNHOLE COMMINGLE	<del></del>
OTHER:	THER Extend TA Status
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 1-year TA extension on the Avalon Delaware Unit #246. Good MIT	
chart attached.	
iemporary Abandonea StatusAp	proved
Until 12/13/201	RECEIVED
Company of the Compan	D. T. C. C. T. C. T. C. C. C. T. C. C. C. T. C.
LAZI PROD 1/1/2	
Spud Date: Rig Release	Date: NMOCD ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Atohani Robadul TITLE Regulatory Analyst DATE 11/28/2012	
Type or print name Stephanie Rabadue E-mail address: PHONE 432-620-6714	
For State Use Only	
APPROVED BY PLUMPED NOT TITLE COMPLIANCE OFFICE DATE 12/13/12	
Conditions of Approval (if any):	



Avalon Sec. 10 2726 Nussis 4 246