

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-08899
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-2614

**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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	7. Lease Name or Unit Agreement Name: Arrowhead Grayburg Unit
2. Name of Operator XTO Energy Inc.	8. Well Number 222
3. Address of Operator 200 North Loraine, Suite 800, Midland, Texas 79701	9. OGRID Number 005380
4. Well Location Unit Letter <u>C</u> : <u>330</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>13</u> Township <u>22-S</u> Range <u>36-E</u> NMPM <u>Lea</u> County <u>New Mexico</u>	10. Pool name or Wildcat Arrowhead - Grayburg
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

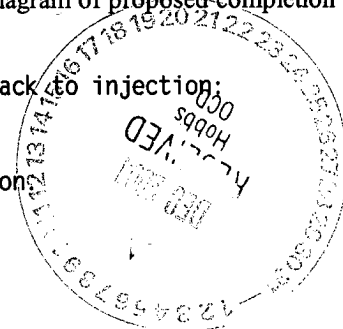
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Request additional 60 days to determine if well will be P&A, TA'd or returned back to injection;

Pull downhole equipment to determine what repairs needed (if any)

Replace necessary components and perform MIT, if well returned back to injection;

Plug according to NMOCC approval, if well P&A'd.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE DeeAnn Kemp TITLE Regulatory DATE 12/3/04

Type or print name DeeAnn Kemp

E-mail address:

OC FIELD REPRESENTATIVE II/STAFF MANAGER  
Telephone No. 505-820-6200

For State Use Only

APPROVED BY Harry W. Wink TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval, if any: