

Submit 1 Copy To Appropriate District Office
 District I – (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II – (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III – (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV – (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Rec'd 05/12/2020 - NMOCD

Form C-103
 Revised July 18, 2013

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

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.)		WELL API NO. 30-025-31675
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO Energy, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 6401 Holiday Hill Road, Bldg 5 Midland, Texas 79707		7. Lease Name or Unit Agreement Name Arrowhead Grayburg Unit
4. Well Location Unit Letter <u>K</u> : <u>1650</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>7</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>201</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 005380
10. Pool name or Wildcat Arrowhead; Grayburg		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Bradenhead <input checked="" type="checkbox"/>	
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/15/2020: XTO Energy, Inc. performed the annual bradenhead test associated with this well. 520psi was found on the production casing. The well bled down to Opsi immediately with a slight water flow. Bradenhead test failed.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stephanie Rabadue TITLE Supervisor, New Mexico Regulatory DATE 05/11/2020

Type or print name Stephanie Rabadue E-mail address: stephanie_rabadue@xtoener PHONE: 432-620-6714

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 3/9/21
 Conditions of Approval (if any):

**State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office**

BRADENHEAD TEST REPORT

Operator Name XTO Energy, Inc	API Number 30-025-31675
Property Name Arrowhead Grayburg Unit	Well No. 201

7. Surface Location

UL - Lot K	Section 7	Township 22S	Range 37E	Feet from 1650	N/S Line South	Feet From 1650	E/W Line West	County Lea
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Well Status

TA'D WELL YES	<input type="radio"/> YES <input checked="" type="radio"/> NO	SHUT-IN YES	<input type="radio"/> YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL PRODUCER OIL	GAS	DATE 4-15-20
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	0	N/A	N/A	520	520
Flow Characteristics					
Puff	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	CO2 — WTR <input checked="" type="checkbox"/> GAS — <small>Type of Fluid Injected for Water flood if applies.</small>
Steady Flow	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	<input checked="" type="radio"/> Y/ <input checked="" type="radio"/> N	
Surges	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	
Down to nothing	<input checked="" type="radio"/> Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	
Gas or Oil	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	Y/ <input checked="" type="radio"/> N	
Water	Y/ <input checked="" type="radio"/> N	Y/N	Y/N	<input checked="" type="radio"/> Y/ <input checked="" type="radio"/> N	

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.
 D tubing and casing pressure equal. Bled to zero immediately water coming from casing. Tubing or packer leaking shut well in.

Signature: <i>Adan Rodriguez</i>	OIL CONSERVATION DIVISION
Printed name: Adan Rodriguez XTO	Entered into RBDMS
Title:	Re-test
E-mail Address:	K F
Date: 4-15-20	
Phone: 575-390-7179	
Witness:	