Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103	
District I			WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave., Artesia, NM 88 CONSERVATION DIVISION 1220 South St. Francis Dr.			30-025-02093	
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410 Santa Fe, NM 87505			STATE X	FEE L
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM JUL 1 6 2012 87505 Santa Fe, NM 87505			6. State Oil & Gas I	Lease No.
SUNDRY NOT 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.)			7. Lease Name or Unit Agreement Name: Bridges State	
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number	
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380	
3. Address of Operator			10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location			Vacuum; Grayburg-San Andres	
Unit Letter K : 1980' feet from the South line and 1980' feet from the West line				
Section 24		Range 34E	NMPM	County Lea
	11. Elevation (Show whether			and the second s
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
			SEQUENT REF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	<u></u> ;	ALTERING CASING L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. 🔲	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JO	ов 🗆	
DOWNHOLE COMMINGLE				
OTHER: TA Extension Request	X	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 <u>a 6 month</u> TA extension for Bridges State #47 pending a good MIT.				
				7
Spud Date:	Rig Relea	ise Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE STANDE POLOCIU TITLE REGULATORY ANALYST DATE 07/13/2012				
Type or print name <u>STEPHANIE RABA</u>	DUE E-m	stephanie_rabadue@ ail address:		PHONE 432-620-6714
For State Use Only				
APPROVED BY Journell TITLE Dist. NOTE DATE 7-16-2012				
Conditions of Approval (if any):				
			JUL 16 2012	