Submit 3 Copies To Appropriate District State of New Mexic Office District I 1625 N French Dr., Hobbs, NM 97240 District II	co Fo Resources J	Form C-103 June 19, 2008	
Listrict I HOBBS OUP OF A	WELL API NO.		
District II District II District III District III Dist	DIVISION <u>30-025-28429</u> 5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 8750	$\begin{array}{c c} \text{IS Dr.} \\ \text{STATE } \\ \text{STATE } \\ \text{FEE} \\ \end{array}$		
District IV 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.		
<u>87303</u>			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR F DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) F PROPOSALS.)	PLUG BACK TO A Bridges State	nt Name:	
1. Type of Well:	8. Well Number 188	188	
2. Name of Operator XTO Energy, Inc.	9. OGRID Number	9. OGRID Number 005380	
3. Address of Operator	10. Pool name or Wildcat		
200 N. Loraine, Ste. 800 Midland, TX 79701	Vacuum; Grayburg-San Andre	Vacuum: Grayburg-San Andres	
4. Well Location			
Unit Letter F : 2340' feet from the North	line and <u>2630</u> feet from the Wes	stline	
Section 25 Township 17S Rar		Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
	EMEDIAL WORK 🔲 ALTERING		
	OMMENCE DRILLING OPNS. 🔲 🛛 P AND A		
PULL OR ALTER CASING MULTIPLE COMPL CA	ASING/CEMENT JOB		
	THER:		
 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 6 month TA extension on Bridges State #188 pending a good MIT			
chart.			
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Spud Date: Rig Release I	Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE duphanie fabadus TITLE Regulatory Analyst DATE 07/13/2012			
Type or print name STEPHANIE RABADUE E-mail address:			
For State Use Only			
APPROVED BY OFnight TITLE Dist. MAR DATE 7-16-2012			
Conditions of Approval (1f any):	JUL X	6 2018	