Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources			Form C-103 June,19, 2008
District II Id 25 N. French Dr., Hobbs, NM 87240 District II District III 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr. 1000 Rio Brazos Rd, Aztec, NM 87410 16 2012 District IV JUL 16 2012 Santa Fe, NM 87505 1220 S. St. Francis Dr, Santa Fe, NM		WELL API NO.	
		<u>30-025-3511</u> 5. Indicate Type of Leas	
		STATE X FEE	
		6. State Oil & Gas Lease No.	
SUNDRY NOTRESIMED REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name:	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Texmack 5 State	
1. Type of Well: Oil Well Oil Well Image: Construction of the second se		8. Well Number 2	
2. Name of Operator		9. OGRID Number 005380	
XTO Energy, Inc. 3. Address of Operator		10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location		Anderson Ranch; Grayburg, West	
Unit Letter <u>W</u> : <u>990</u> ' feet from the <u>Sou</u>	ith line and	1980 feet from the	Eastline
Section 5 Township 16S	Range 32E	NMPM Co	ounty 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: SUB		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.			AND A
PULL OR ALTER CASING IMULTIPLE COMPL ICASING/CEMENT JO			
OTHER: Extend TA Status	OTHER:		
 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 of Texmack 5 State #2 pending a good MIT			
chart.			
Spud Date: Rig Relea	ase Date:		
I hereby certify that the information above is true and complete to the	best of my knowledge	e and belief.	
SIGNATURE Atepanie Raladue TIT	LE Regulator	ry AnalystDAT	<u>те 07/13/2012</u>
Type or print name <u>STEPHANIE RABADUE</u> E-m	stephanie_rabadue@ aal address:		NE <u>432-620-6714</u>
For State Use Only			
APPROVED BY Constant TIT Conditions of Approval (if any):	TLE JS	MGZ_DATE	1-16-2012
Conditions of Approval (It arty).			7-16-2012 JUL 1 6 2012

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