Submit 3 Copies To Appropriate District	State of New Me		Form C-103
Office District I	Energy, Minerals and Natu	ral Resources	June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II			30-025-23980
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	JUL 17 2012 Fe, NM 8	7505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.
87505	HOBRACCD		
SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name: North Vacuum Abo Unit
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number
2. Name of Operator			9. OGRID Number
XTO Energy, Inc. 3. Address of Operator			005380 10. Pool name or Wildcat
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701			Vacuum; Abo, North
4. Well Location			
Unit Letter D :	660' feet from the Nor	th line and	740' feet from the West line
Section 14	Township 17\$	Range 34E	NMPM County Lea
	11. Elevation (Show whether		tc.)
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other Data
NOTICE OF INTE	ENTION TO:	SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK	☐ ALTERING CASING ☐
FEMPORARILY ABANDON			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT J			
	MOLTIFIC COMPL L	O TOTAL OF THE PARTY OF	
DOWNHOLE COMMINGLE L_			
OTHER: TA Extension	X	OTHER:	
			ve pertinent dates, including estimated date
			h wellbore diagram of proposed completion
•	a to request a 5 month TA	extension panding	a good MIT. Recompletion of well is
currently pending rig ava-		excension bending	a good mil. Recompletion of Well 15
-m. remaily pending rig utu	7		
Spud Date:	Rig Relea	se Date:	
11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 / 6 1 1 1	
hereby certify that the information a	bove is true and complete to the	best of my knowledg	ge and belief.
SIGNATURE STEPPIANIL K	Palnolu TITI	LE Regulato	ry Analyst DATE 07/17/2012
		stephanie_rabadue@	extoenergy.com
Type or print name <u>STEPHANIE_RABA</u>	ADUE E-m	ail address:	PHONE 432-620-6714
For State Use Only	2 N	_ /	
APPROVED BY	TIT	LE DIST	DATE 7-17-201
Conditions of Approval (if any):	//		~~~~
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