Submit-3 Copies To Appropriate District State of New Mexico Office ~ Energy, Minerals and Natural Resources	Form C-103 June 19, 2008
District 1	WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave., Artesia, NM 883705 OCOIL CONSERVATION DIVISION District III	30-025-23830 / 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1000 Rio Brazos Rd., Aztec, NM 87410 1000 Rio Brazos Rd., Aztec, NM 87410	STATE X FEE
	6. State Oil & Gas Lease No.
District LV 1220 S. St. Francis Dr., Santa Fe, NMON 20 87505	0. State On & Cas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	OA North Vacuum Abo Unit
1. Type of Well: Oil Well Gas Well Oil Well Gas Well Other Injection	8. Well Number 162
2. Name of Operator	9. OGRID Number
XTO Energy, Inc.	005380
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701	10. Pool name or Wildcat Vacuum; Abo, North
4. Well Location	
Unit Letter J feet from the South line and	d 2180' feet from the East line
Section 11 Township 175 Range 34E	E NMPM County 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:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE D	RILLING OPNS. 🗌 P AND A 🗌
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	INT JOB
OTHER: OTHER: MIT	x
 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. 	
10/30/2012: Good MIT test performed. See chart copy attached. Original submitted to NMOCD	
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 Att DATE TITLE Regulatory Analyst DATE 11/10/2012	
Type or print name Stephanie raba E-mail address:	adue@xtoenergy.comPHONE_ <u>432-620-6714</u>
For State Use Only	
APPROVED BY	Maz DATE/1-29-20
APPROVED BY CONDITION TITLE TITLE DATE DATE DATE DATE DATE DATE DATE DAT	
	DEC 0 3 2012

