Submit 3 Copies To Appropriate District				Form C-103	
Office District I	French Dr., Hobbs, NM 87240 II Grand Ave., Artesia, NM 88210 III D Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		June 19, 2008 WELL API NO.		
District II			30-025-31390		
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			STATE X FEE		
1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil & Gas Lease No.	
	CES AND REPORTS ON WE	LLS	7. Lease Name or Unit Agr	cement Name:	
(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.) HOBBS OCD			Arrowhead Grayburg Uni		
I. Type of Well:   Oil Well   Gas Well	Other Injection	· · · · · · · · · · · · · · · · · · ·	8. Well Number 235 WIW		
2. Name of Operator		APR 1 9 2013	9. OGRID Number		
XTO Energy, Inc.			005380		
3. Address of Operator		RECEIVED	10. Pool name or Wildcat		
200 N. Loraine, Ste. 800 4. Well Location	Midland, TX 79701	KECEIVED	Arrowhead; Grayburg		
	1090 for the So	ath line at	AED End End And	Foot 1	
Unit Letter I:	<u>1980</u> feet from the <u>So</u>	uth line and	450 feet from the	East line	
Section 13	Township 225	Range 36E	NMPM Count	y Lea	
	11. Elevation (Show whether	DR, RKB, RT, GR, e	tc.)		
12. Uneck A	Appropriate Box to Indicate	Nature of Notice,	Report, or Other Data		
			BSEQUENT REPORT	JF:	
RFORM REMEDIAL WORK 🔄 PLUG AND ABANDON 🗌 REMEDIAL WORK 🗌 ALTERING CASING 🗌					
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. 🗌 🛛 P ANI	) A 🗌	
PULL OR ALTER CASING	OR ALTER CASING 🔲 MULTIPLE COMPL 🔲 CASING/CEMENT JO				
OTHER:		OTHER: MIT / Br	adenhead	x	
13. Describe proposed or complete of starting any proposed work)	d operations. (Clearly state all po . SEE RULE 1103. For Multipl		, Ç		
or recompletion.					
03/19/2013: XTO Energy ra	an a good MIT/Bradenhead te	est. Chart and for	m are attached.		
			<i>.</i>		
	]				
Spud Date:	Rig Rele	ase Date:			
·····		L			
I hereby certify that the information	above is true and complete to the	e best of my knowledg	ge and belief.		
SIGNATURE ALDMINI	Papadue TI	T.E. Regulato	DATE_	03/21/2013	
		stephanie_rabadue			
Type or print name <u>Stephanie Rak</u>	E-n	nail address:		432-620-6714	
For State Use Only		$\lambda$ /		/	
APPROVED BY	moher II	TLE JET. No	GRDATE	22-2013	
Conditions of Approval (if any):	//	4	• · · · · · · · · · · · · · · · · · · ·	~	
			APR 2 3 20	13 P	
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