

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

HOBBS OCC
CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

FEB 10 2014

WELL API NO. 30-025-24661
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: State Oil Com
8. Well Number 1
9. OGRID Number 005380
10. Pool name or Wildcat Vacuum; Atoka-Morrow, North (Gas)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICE REPORTS ON WELLS
 (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.)

1. Type of Well:
 Oil Well Gas Well Other

2. Name of Operator
 XTO Energy, Inc.

3. Address of Operator
 200 N. Loraine, Ste. 800 Midland, TX 79701

4. Well Location
 Unit Letter F ; 1980' feet from the North line and 1907' feet from the West line
 Section 7 Township 17S Range 35E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE

OTHER: TA Extension

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB

OTHER:

13. 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 due to gain partner approvals pending a good MIT.

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stephanie Rabadue TITLE Regulatory Analyst DATE 02/03/2014
stephanie.rabadue@xtoenergy.com
 Type or print name Stephanie Rabadue E-mail address: _____ PHONE 432-620-6714

For State Use Only

APPROVED BY Mary Brown TITLE Compliance Officer DATE 2/14/2014

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to running the TA Pressure Test.