

HOBBS OCD
 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

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

WELL API NO. 30-025-08881	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: Arrowhead Grayburg Unit	
8. Well Number 194	✓
9. OGRID Number 005380	
10. Pool name or Wildcat Arrowhead, Grayburg	

SUNDRY NOTICES AND 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 Injection

2. Name of Operator
XTO Energy, Inc.

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

4. Well Location
 Unit Letter E : 2310' feet from the North line and 330' feet from the West line
 Section 12 Township 22S Range 36E 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:

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

SUBSEQUENT REPORT OF:

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

OTHER: OTHER: MIT/ Bradenhead

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.

03/18/2014: XTO Energy ran a good MIT and Bradenhead test. Chart and form are attached.

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 Kendall Chance TITLE Regulatory Analyst DATE 04-18-14
Kendall.Chance@xtoenergy.com
 Type or print name Kendall Chance E-mail address: _____ PHONE 432-620-6749

For State Use Only

APPROVED BY Bill Sewaman TITLE Staff Manager DATE 5-2-14
 Conditions of Approval (if any):

FOR RECORD ONLY

MAY 07 2014

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