

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. 30-025-08748
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: Arrowhead Grayburg Unit
8. Well Number 156
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 G; 1980' feet from the North line and 1980' feet from the East line
 Section 2 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 Rendall Chance TITLE Regulatory Analyst DATE 04/18/2014
Rendall.Chance@xtoenergy.com
 Type or print name Rendall Chance E-mail address: Rendall.Chance@xtoenergy.com PHONE 432-620-6749

For State Use Only

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

FOR RECORD ONLY

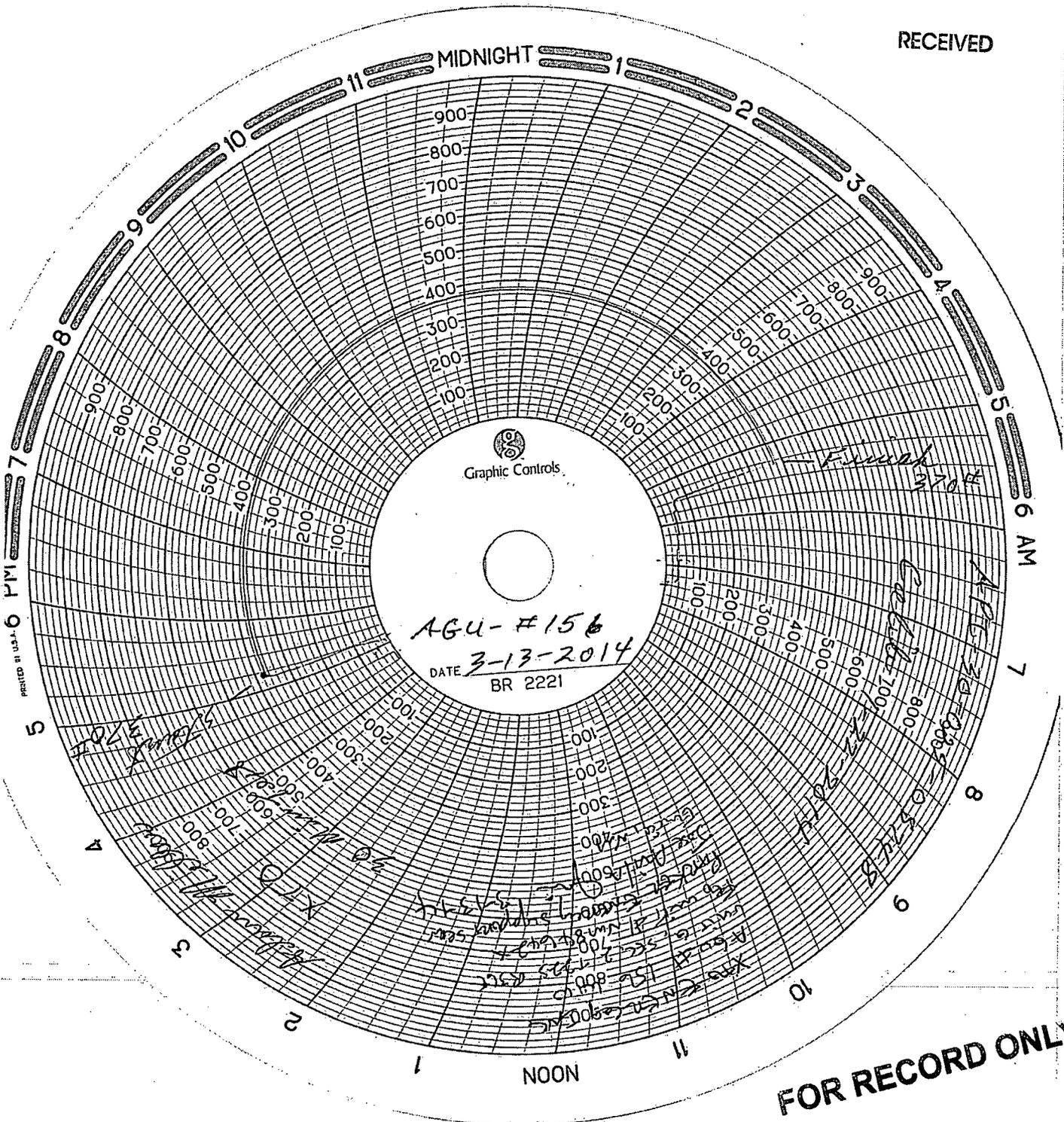
MAY 07 2014

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HOBBS OCD

MAY 01 2014

RECEIVED



FOR RECORD ONLY

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