

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

MAY 01 2014

RECEIVED

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

WELL API NO: 30-025-31580
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 181
9. OGRID Number 005380
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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, Texas 79701

4. Well Location
Unit Letter M : 660 feet from the South line and 660 feet from the West line
Section 6 Township 22S Range 37E NMPM County Lea

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- OTHER:

- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS
- CASING/CEMENT JOB
- OTHER: MIT/ Bradenhead

- ALTERING CASING
- P AND A

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 04/18/2014
Kendall.Chance@xtoenergy.com
 Type or print name Kendall Chance E-mail address: _____ PHONE 432-620-6749

For State Use Only

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

FOR RECORD ONLY

MAY 07 2014

