Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO.	June 19, 2008
District II 1301 W. Grand Ave., Artesia, NM 88210				-31247
District III 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of STATE	
District IV	Santa Fe, NM 87505			
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Ga	s Lease No.
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	CATION FOR PERMIT" (FORM C-10	OR PLUG BACK TO A	7. Lease Name or Arrowhead Gray	Unit Agreement Name: burg Unit
1. Type of Well: Oil Well 🕱 Gas Well	Other		8. Well Number	21
2. Name of Operator		SEP 1 8 2014	9. OGRID Numbe	31
XTO Energy, Inc.	į			5380
3. Address of Operator	RECEIVED		10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 4. Well Location	Midland, TX 79701		Arrowhead; Gra	yburg
Unit Letter	<b>1980'</b> feet from the <u>So</u>	uth line and	2080' feet fro	m the <b>East</b> line
Section 36	Township 21S	Range 36E	NMPM	County Lea
	11. Elevation (Show whether	·DR, RKB, RT, GR, e	etc.)	
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other	Data
NOTICE OF INTI	ENTION TO:	SUE	BSEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK		ALTERING CASING
	CHANGE PLANS	COMMENCE DRILL		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ЛОВ 🗌	
OTHER: TA Extension	EAR	OTHER:		
<ol> <li>Describe proposed or completed of starting any proposed work).</li> <li>or recompletion.</li> </ol>	d operations. (Clearly state all po	ertinent details, and g		ç
XTO Energy respectfully r	equests a 1-year final ext	ension pending a	good MIT chart fo	or continued
evaluation of enhanced re-	-			
potential for the Arrowhe	ad Grayburg Unit #131.			
		<b></b>		
Spud Date:	Rig Rele	ase Date:		
Spud Dute.			· · · · · · · · · · · · · · · · · · ·	
I hereby certify that the information a	above is true and complete to the	e best of my knowled	ge and belief.	
AL Manie	Dhadur		· · · • • • • • • • • • • • • • • • • •	00 /00 /001 4
SIGNATURE Staply		TLE Regulator stephanie rabadue	ory Analyst	DATE <u>09/08/2014</u>
Type or print name _Stephanie Rab	adue E-n	nail address:		_ PHONE _ <b>432-620-6714</b>
For State Use Only	. OP		-	1 ,
VV Ald.	Blown 1 T	TIE Dist. S	Du Densilan	DATE 9/18/2016
APPROVED BY Conditions of Approval (if any):				
Conditions of Approval (It any).	v			

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SEF 1 9 2014