Submit 3 Copies To Appropriate District	State of New Me		Form C-103	
Office District 1	Energy, Minerals and Natu	ral Resources	June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-31247 5. Indicate Type of Lease	
District III	1220 South St. Fra		· · · · ·	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505		
1220 S. St. Francis Dr., Santa Fe, NM 87505		HOBBS OCE	6. State Oil & Gas Lease No.	
	CES AND REPORTS ON WEL		7. Lease Name or Unit Agreement Name:	
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPL	POSALS TO DRILL OR TO DEEPEN (	OR PLUG BACK TO AND	Arrowhead Grayburg Unit	
DIFFERENT RESERVOIR. USE "APPL   PROPOSALS.)	ICATION FOR PERMIT" (FORM C-10	1) FOR SECHO C COL		
1. Type of Well:			8. Well Number	
Oil Well X Gas Well	Other	RECEIVED	131	
2. Name of Operator			9. OGRID Number	
XTO Energy, Inc.		005380 10. Pool name or Wildcat		
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701			1	
4. Well Location			Arrowhead; Grayburg	
1. Well Boulier				
Unit Letter	1980' feet from the Sou	ith line and	2080' feet from the East line	/
Section 36	Township 21S	Range 36E	NMPM County Lea	
The second secon	11. Elevation (Show whether	DR, RKB, RT, GR, et	c.)	
		<u> </u>		
12. Check A	Appropriate Box to Indicate	Nature of Notice, l	Report, or Other Data	
NOTICE OF INT	TENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM DEMEDIAL MORK	PLLIG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐	
F-PERMITTING	The second secon			
P&A NR	P&A R	COMMENCE DRILLI	ING OPNS. P AND A	
PU INT TO P&A	COMP	CASING/CEMENT.J	ОВ 🗌	
DO CSNG	CHG Loc			
	MS CHART			
	NO OTIAN 1	OTHER: :	sion X	
OTHER:		OTHER: TA Extens	<del></del>	
• •			ve pertinent dates, including estimated date n wellbore diagram of proposed completion	
XTO Energy respectfully	requests a 1-year final ext	ension for continu	med evaluation of enhanced recovery	
potential for the Arrowh				
	This Approval	of Temporary	4	
Good MIT Chart Attached.  Abandonment Expires 9/18/2015				
Abandonment Expires 9/18/2015  I YEAR FINAL TIA				
	HEAL	LTNAC I	1A	
Spud Date:	Rig Relea	ase Date:		
		<u>.</u>		
I hereby certify that the information	above is true and complete to the	best of my knowledg	e and belief.	
Ation	^			
SIGNATURE	ue fatral un		ry Analyst DATE 09/18/2014	
Type or print name Stephanie Ra	ue fabrellem	LE <u>Regulato</u> stephanie rabadue nail address:		
Type or print name <u>Stephanie Ra</u>	ue fabrellem	stephanie rabadue@	extoenergy.com	
Type or print name <u>Stephanie Ra</u>	ue fabrellem	stephanie rabadue@	extoenergy.com	L
Type or print name Stephanie Ra  For State Use Only  APPROVED BY	ue fabrellem	stephanie rabadue@	extoenergy.com	L
Type or print name <u>Stephanie Ra</u>	ue fabrellem	stephanie rabadue@	extoenergy.com	M
Type or print name Stephanie Ra  For State Use Only  APPROVED BY	ue fabrellem	stephanie rabadue@	extoenergy.com	M

