District   Cost N   Tech Pr., Hobs., NM \$23-00	Submit 1 Copy To Appropriate District Office	State of New			Form C-103
DO NOT USE THE SOME FOR PROPOSALS TO DRILL OR TO DEPPEN OR PLUS BACK TO A STATE   S. Indicate Type of Lease STATE   S. Indicate STATE   S. Indicate Type of Lease STATE   S. Indicate Type of Lease STATE   S. Indicate Type of Lease STATE   S. Indicate STATE   S. Indicate State State STATE   S. Indicate State State STATE   S. Indicate State	District I	Energy, Minerals and N	atural Resources	WELL ADI NO	Revised July 18, 2013
1220 South St. Francis Dr.	District II OIL CONSERVATION DIVISION			30-025-04425	
SOURCE PROPOSALS   Source For No.   STATE   FEE				T	ise
120 S. 6. Francis Dr. Sama et c., NM   S. State Unit & Unit Agreement Name	1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				<u> </u>
SUNDRY NOTICES AND REPORTS ON WELLS OD NOT USE THIS FORM FOR PEPOROSALS TO PRICE AT THE PORT OF PERMIT (FORM C-101) FOR SUCH PROPOSALS).  1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other Injection   HOBBS OCD   1. Type of Well: Oil Well   Gas Well   Other	1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lea	se No.
IDO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFERM OF PLUE BACK TO A DEFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)  1. Type of Well: Oil Well   Gas Well   Other Injection		CES AND REPORTS ON W	VELLS	7. Lease Name or Unit	Agreement Name:
1. Type of Well: Oil Well	(DO NOT USE THIS FORM FOR PROF DIFFERENT RESERVOIR. USE "APPL	POSALS TO DRILL OR TO DEEPE	EN OR PLUG BACK TO A C-101) FOR SUCH		_
3. Address of Operator 500 W. Illinois St Ste 100 Midland, Texas 79701  4. Well Location Unit Letter C	1. Type of Well: Oil Well Gas Well Other Injection			140 WIW /	
3. Address of Operator 500 W. Illinois St Ste 100 Midland, Texas 79701  4. Well Location  Unit Letter C	2. Name of Operator  XTO Energy, Inc.				
Unit Letter C	3. Address of Operator				
Section 36  Township 208 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:  SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPNS.   PAND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   OTHER: MIT/Bradenhead   MULTIPLE COMPL   MULTIPLE COM	4. Well Location		KELL	·	
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:   SUBSEQUENT REPORT OF:	Unit Letter C :	660' feet from the No	rth line and	1980' feet from the	West line
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data    NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:	Section 36	-	_		nty Lea
NOTICE OF INTENTION TO:    SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   OTHER: MIT/Bradenhead   MIT/Br		11. Elevation (Show wheth	ner DR, RKB, RT, GR, et	c.)	
NOTICE OF INTENTION TO:    SUBSEQUENT REPORT OF:   PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   OTHER: MIT/Bradenhead   MIT/Br	12. Check A	Appropriate Box to Indica	te Nature of Notice, 1	Report, or Other Data	The second secon
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   P AND A   PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: MIT/Bradenhead   X  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 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  16/18/2015: XTO Energy, Inc ran a good MIT/Bradenhead test. Bradenhead form previously submitted. Good chart attached.  Spud Date: Rig Release Date:  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE ATTACA PACE TITLE Regulatory Analyst DATE 08/25/2015  Type or print name Stephanie Rabadue   E-mail address: PHONE 432-620-6714  Stephanie_rabadue@xtoenergy.com  TITLE Sheff Manager DATE 9/3 3/3005				•	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A  PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB  DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM OTHER: MIT/Bradenhead  OTHER: MIT/Bradenhead  Title Segulatory Analyst  TITLE SEAF Maxagr DATE 9/23 4 3005	NOTICE OF INT	SEQUENT REPOF	RT OF:		
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB    DOWNHOLE COMMINGLE    CLOSED-LOOP SYSTEM   OTHER: MIT/Bradenhead   X  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 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  06/18/2015: XTO Energy, Inc ran a good MIT/Bradenhead test. Bradenhead form previously submitted. Good chart 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	PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK	☐ Al	TERING CASING
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OTHER: MIT/Bradenhead  OTHER: MIT/Bradenhead  OTHER: MIT/Bradenhead  OTHER: MIT/Bradenhead  IX  13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed completion. SEE RULE 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  O6/18/2015: XTO Energy, Inc ran a good MIT/Bradenhead test. Bradenhead form previously submitted. Good chart 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 TITLE Regulatory Analyst  Type or print name  Stephanie Rabadue  E-mail address:  PHONE 432-620-6714  Stephanie_rabadue@xtoenergy.com  For State Use Only  APPROVED BY Self January  TITLE Sfaff Marager DATE 9/23/2005	PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ов 🗆	
OTHER: OTHER: MIT/Bradenhead X  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 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  15. Objective proposed completion or recompletion.  16. Objective proposed completion.  16. Objective proposed complete dotal stack wellbore diagram of proposed completions. Attach wellbore diagram of proposed completions.  16. Objective proposed completion.  17. Objective proposed completion.  18. Objective proposed completion.  18. Objective proposed completion.  18. Objective pro	DOWNHOLE COMMINGLE				
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	APPROVED BY Self So Conditions of Approval (if any):	incimal	title <b>Shaf</b>	Manager DATI	9/23/2005

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