

Submit 1 Copy To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 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  
 Revised July 18, 2013

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

WELL API NO. <b>30-025-08721</b> ✓
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: <b>Arrowhead Grayburg Unit</b> ✓
8. Well Number <b>158</b> ✓
9. OGRID Number <b>005380</b>
10. Pool name or Wildcat

**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  **HOBBS OGD**

2. Name of Operator  
**XTO Energy, Inc.** ✓

3. Address of Operator  
**500 W. Illinois St Ste 100 Midland, Texas 79701**

4. Well Location  
 Unit Letter **E** : **1980** feet from the **North** line and **660** feet from the **West** line  
 Section **1** Township **22S** Range **36E** NMPM County **Lea** ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SEP 08 2015  
 RECEIVED

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>MIT/ Bradenhead</b>	<input checked="" type="checkbox"/>

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.

03/25/2015: XTO Energy ran a good MIT/ 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.

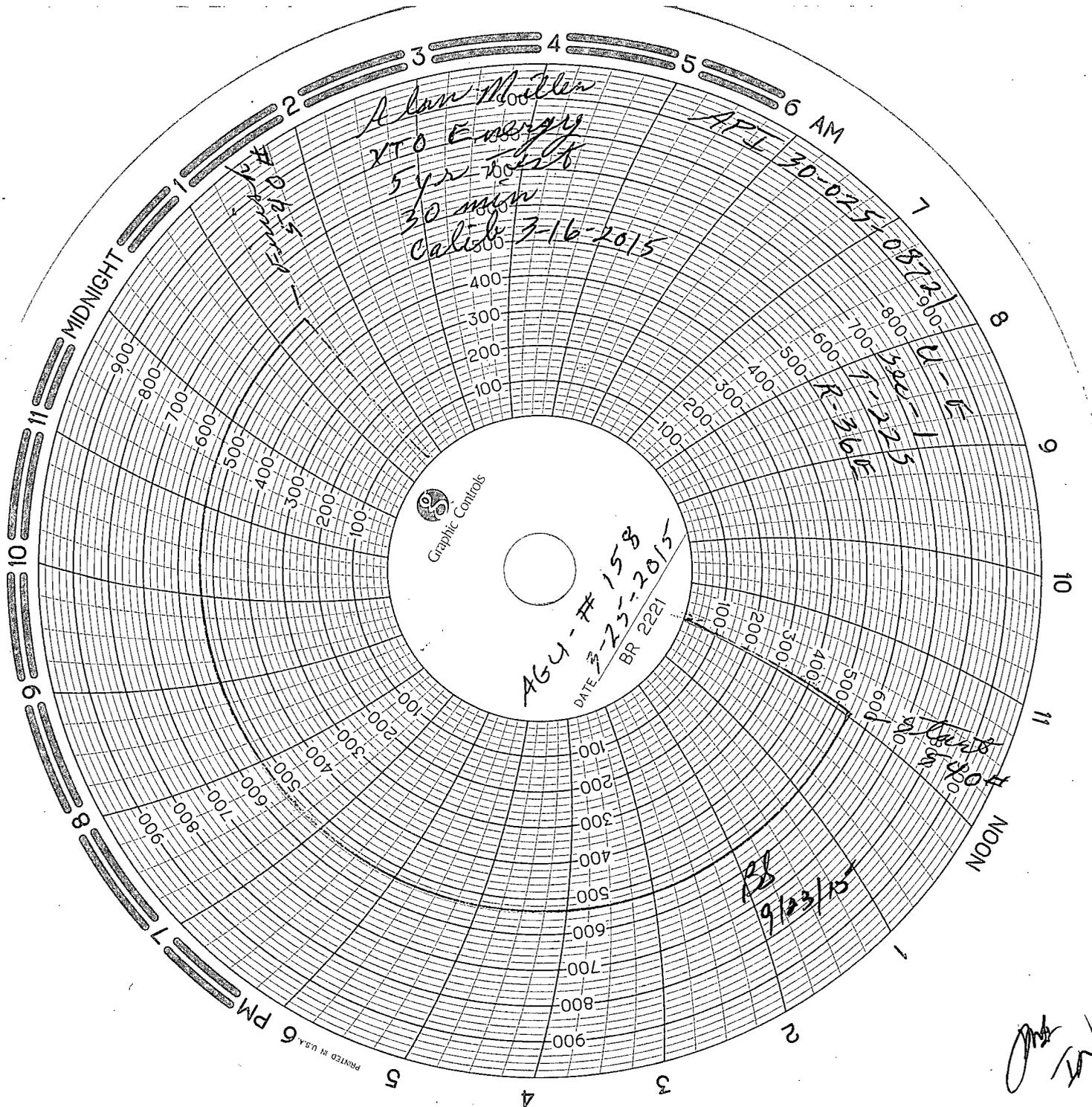
SIGNATURE Stephanie Rabadue TITLE Regulatory Analyst DATE 08/25/2015

Type or print name Stephanie Rabadue E-mail address: stephanie\_rabadue@xtoenergy.com PHONE 432-620-6714

For State Use Only  
 APPROVED BY Bill Serrano TITLE Staff Manager DATE 9/23/2015

Conditions of Approval (if any):

SEP 25 2015 *ym*



Graphic Controls

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*Handwritten signature*