

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

HOBBBS OGD  
 JUN 16 2016  
 RECEIVED

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

WELL API NO.	30-025-10092 ✓
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name:	Arrowhead Grayburg Unit ✓
8. Well Number	198 ✓
9. OGRID Number	005380 ✓
10. Pool name or Wildcat	Arrowhead; Grayburg ✓
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  
**500 W. Illinois St Ste 100 Midland, TX 79701**

4. Well Location  
 Unit Letter **E** : **2310'** feet from the **North** line and **330'** feet from the **West** line  
 Section **7** Township **22S** Range **37E** NMPM County **Lea** ✓

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: <b>MIT &amp; 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.

**05/16/2016: XTO Energy, Inc ran a goot MIT and bradenhead test. MIT witnessed by Carl Flowers. Copy of 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 06/09/2016

Type or print name Stephanie Rabadue E-mail address: stephanie\_rabadue@xtoenergy.com PHONE 432.620.6714

**For State Use Only**

APPROVED BY Mah Whitman TITLE P.E.S. DATE 6/20/2016

Conditions of Approval (if any):

mw

JUN 16 2016

**RECEIVED**

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

Operator Name XTO Energy, Inc	API Number 30-025-10092
Property Name Arrowhead Grayburg Unit	Well No. 198

**7. Surface Location**

UL - Lot E	Section 7	Township 22S	Range 36E	Feet from 2310	N/S Line North	Feet From 330	E/W Line West	County Lea
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**Well Status**

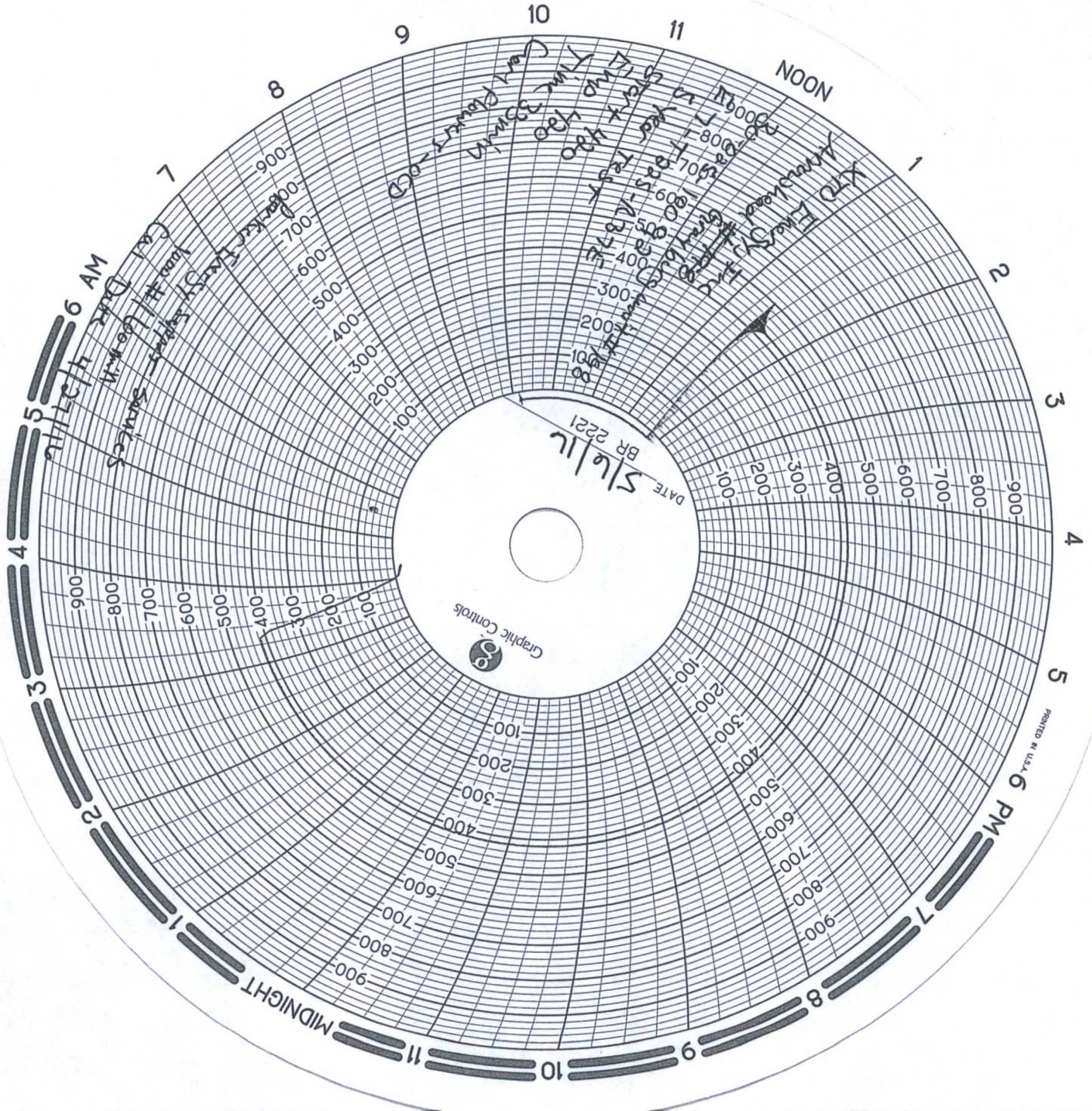
TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <input checked="" type="checkbox"/> INJ	SWD	PRODUCER OIL	GAS	DATE 5-6-2016
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	Ø	Ø		Ø	240
<b>Flow Characteristics</b>					
Puff	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	CO2 <input checked="" type="checkbox"/>
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / N	<input checked="" type="checkbox"/> Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	
Water	Y / <input checked="" type="checkbox"/> N	Y / <input checked="" type="checkbox"/> N	Y / N	Y / <input checked="" type="checkbox"/> N	

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>Alan Miller - XTO Energy</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 5-16-2016	Phone: 575-441-1641
Witness:	



Graphic Controls

DATE: 5/6/12  
BR 2221

PRINTED IN U.S.A.

6 AM

NOON

6 PM

MIDNIGHT