

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

HOBBS OGD
JUN 16 2016
RECEIVED

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

WELL API NO.	30-025-31393 ✓
5. Indicate Type of Lease	Federal ✓
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	148 ✓
9. OGRID Number	005380 ✓
10. Pool name or Wildcat	Arrowhead; Grayburg ✓

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> 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 C : 785 feet from the North line and 1905 feet from the West line Section 1 Township 22S 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 <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"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: MIT & Bradenhead <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 good MIT and bradenhead. 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 Mark Whitaker TITLE **P.E.S.** DATE **6/20/2016**

Conditions of Approval (if any):

mw

HOBBS OCD

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**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 30-025-31393
Property Name Arrowhead Grayburg Unit	Well No. 148

7. Surface Location

UL - Lot C	Section 1	Township 22S	Range 36E	Feet from 785	N/S Line North	Feet From 1905	E/W Line West	County Lea
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <u>INJ</u>	SWD	PRODUCER OIL	GAS	DATE 5-4-2016
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	\emptyset			\emptyset	680
Flow Characteristics					
Puff	Y/ <u>N</u>	Y/N	Y/N	Y/ <u>N</u>	CO2 <input type="checkbox"/>
Steady Flow	Y/ <u>N</u>	Y/N	Y/N	Y/ <u>N</u>	WTR <input checked="" type="checkbox"/>
Surges	Y/ <u>N</u>	Y/N	Y/N	Y/ <u>N</u>	GAS <input type="checkbox"/>
Down to nothing	<u>Y</u> /N	Y/N	Y/N	<u>Y</u> /N	Type of Fluid
Gas or Oil	Y/ <u>N</u>	Y/N	Y/N	Y/ <u>N</u>	Injected for
Water	Y/ <u>N</u>	Y/N	Y/N	Y/ <u>N</u>	Waterflood if applies

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

Signature: <i>Adam 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:	