

Submit 3 Copies To Appropriate District  
 Office  
 District I  
 1625 N. French Dr., Hobbs, NM 87240  
 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  
 June 19, 2008

**HOBBS OGD**  
**JUN 16 2016**  
**RECEIVED**

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

WELL API NO. <b>30-025-06471</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>New Mexico v State</b>
8. Well Number <b>009</b>
9. OGRID Number <b>005380</b>
10. Pool name or Wildcat <b>SWD; Grayburg-San Andres</b>
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 **Disposal**

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 **K** : **1980** feet from the **SOUTH** line and **1980** feet from the **WEST** line  
 Section **10** Township **21S** Range **37E** NMPM County **LEA**

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

**NOTICE OF INTENTION TO:**

- PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING  MULTIPLE COMPL   
 DOWNHOLE COMMINGLE

**SUBSEQUENT REPORT OF:**

- REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB

OTHER:  OTHER: **MIT & Bradenhead**

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

05/16/2016: XTO Energy, Inc ran a good MIT and bradenhead test. MIT witnessed by Carl Flowers. Copy of chart and form are attached.

Spud Date:

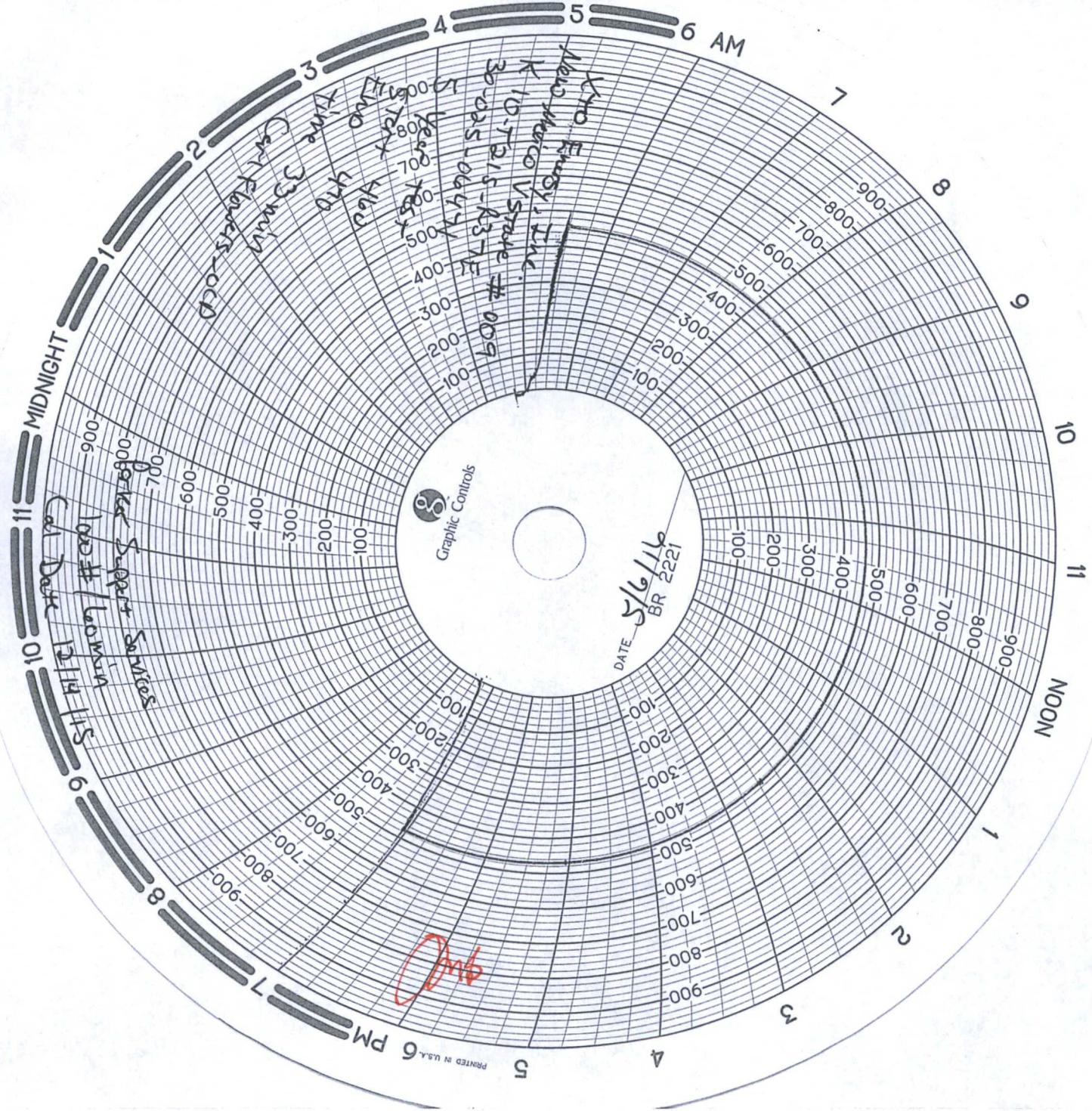
Rig Release Date:

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

**For State Use Only**

APPROVED BY [Signature] TITLE Compliance Officer DATE 8/19/10  
 Conditions of Approval (if any): \_\_\_\_\_



Start - 460  
 end - 470

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 30-025-06471
Property Name New Mexico V State	Well No. 009

**7. Surface Location**

UL - Lot K	Section 10	Township 21S	Range 37E	Feet from 1980	N/S Line South	Feet From 1980	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 5-6-2016
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csng	(E) Tubing
Pressure	Ø			Ø	Ø
<b>Flow Characteristics</b>					
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 Injected for Waterflood if applies.
Gas or Oil	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	
Water	Y / <u>N</u>	Y / N	Y / N	Y / <u>N</u>	

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:	<i>[Signature]</i>
Date: 5-16-2016	Phone: 575-441-1641
Witness:	