

**HOBBS**  
**AUG 21 2018**  
**RECEIVED**

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.  
30-025-08890

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

8. Well Number #206

9. OGRID Number

5380

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 ☒ Gas Well ☐ Other

2. Name of Operator

XTO ENERGY INC.

3. Address of Operator

6401 HOLIDAY HILL ROAD BUILDING #5 MIDLAND, TEXAS 79707

4. Well Location

Unit Letter L : 2310 feet from the SOUTH line and 330' feet from the WEST line

Section 12 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:

PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐PLUG AND ABANDON ☒CHANGE PLANS ☐MULTIPLE COMPL ☐

## SUBSEQUENCE

REMEDIAL WORK

COMMENCE DRILLING OF

CASING/CEMENT JOB

OTHER: ☐INT TO PA PM

P&amp;A NR

P&amp;A R

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.

XTO ENERGY INC. SUBMITS THIS SUNDRY AS A REQUEST TO PA' REFERENCED WELL:

1. TAG CURRENT CIBP TO CONFIRM DEPTH. APPROX 3600'. - CIRC MLF, PRESSURE TEST CSG

2. 3404-3304 W/ 20SX CMT. WOC

3. 2940-2610 W/ 25 SX CMT. WOC

4. 2777-2677 W/ 20 SX CMT. WOC. 25 SX

5. 1445-1345 W/ 20 SX CMT. WOC. PERF &amp; ATTEMPT TO SQZ W/40 SX. WOC &amp; TAG @ 1345' OR BETTER

6. 500-0 W/ 150SX PERF SQZ CIRC &amp; VERIFY. WOC

7. ND BOP AND CUT OFF WELLHEAD 5' BELOW SURFACE. VERIFY CMT. SET P&amp;A MARKER.

Spud Date:

03/30/1939

NOTIFY OCD 24 HOURS PRIOR TO  
 BEGINNING PLUGGING OPERATIONS

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE REGULATORY ANALYST

DATE 08/09/2018

PATRICIA\_DONALD@XTOENERGY.COM

Type or print name PATRICIA DONALD

E-mail address:

PHONE: 432-571-8220

For State Use Only

APPROVED BY:

TITLE P.E.S.

DATE 08/22/2018

Conditions of Approval (if any):

C103 INTENT TO P&A EXPIRES  
 1 YEAR FROM DATE OF APPROVAL

