

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
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 30-025-20701 ✓
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 AJ Adkins Com ✓
8. Well Number 009 ✓
9. OGRID Number 005380 ✓
10. Pool name or Wildcat
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 ☐

2. Name of Operator
XTO ENERGY INC. ✓

3. Address of Operator
6401 HOLIDAY HILL ROAD MIDLAND TEXAS 79707

4. Well Location
Unit Letter **E** : **1650** feet from the **NORTH** line and **990** feet from the **WEST** line
Section **10** Township **21S** Range **36E** NMPM County **LEA**

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

HOBBS OCD
DEC 10 2018
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: TA EXTENSION <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.

XTO ENERGY INC. REQUESTS A 12 MONTH EXTENSION DUE TO SCHEDULING. A GOOD CHART IS ATTACHED RAN ON 11/30/2018.

This Approval of Temporary Abandonment Expires 12/3/19 ✓

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

TITLE

PATRICIA DONALD

DATE **12/05/2018**

Type or print name

PATRICIA DONALD

E-mail address:

patricia_donald@xtoenergy.com

PHONE:

4325718220

For State Use Only

APPROVED BY:

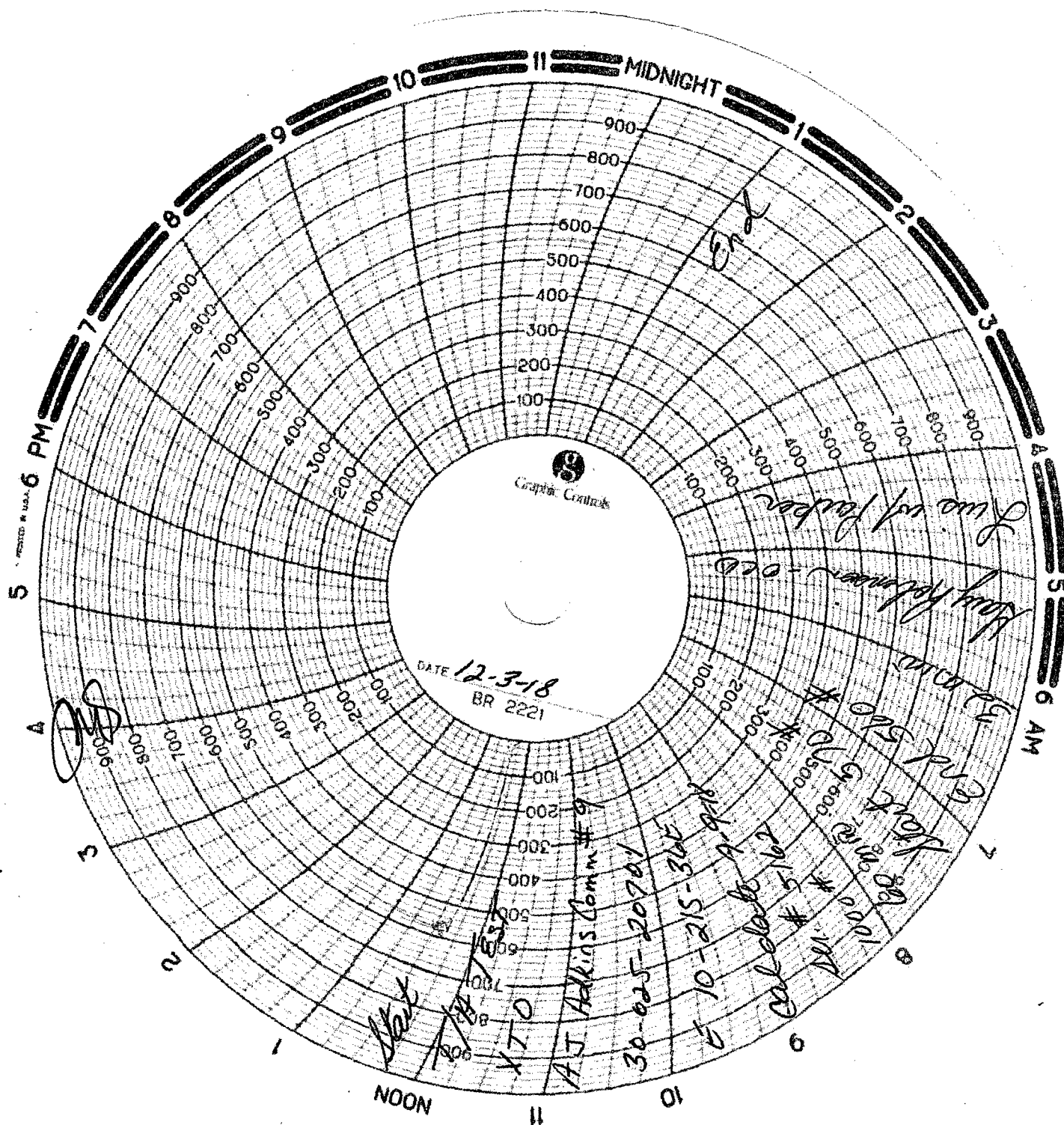
TITLE

Compliance Supervisor

DATE

12/11/18

Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT

Operator Name XTO		API Number 30-025-20701	
Property Name AJ Adkins Comm		Well No. #9	

Surface Location

UL - Lot E	Section 10	Township 21S	Range 36E	Feet from 1650	N/S Line N	Feet From 990	E/W Line W	County LGA
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ	INJECTOR SWD	OIL	PRODUCER GAS	DATE 12-3-18
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0	N/A	N/A	0	NONE
Flow Characteristics					
Pull	Y / 0	Y / N	Y / N	Y / 0	CO2 <input type="checkbox"/>
Steady Flow	Y / 0	Y / N	Y / N	Y / 0	WTR <input type="checkbox"/>
Surges	Y / 0	Y / N	Y / N	Y / 0	GAS <input type="checkbox"/>
Down to nothing	0 / 0	Y / N	Y / N	0 / N	Type of Fluid Injected or Waterflood if applies
Gas or Oil	Y / 0	Y / N	Y / N	Y / 0	
Water	Y / 0	Y / N	Y / N	Y / 0	

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

T/A TEST

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: Harry Robinson		

INSTRUCTIONS ON BACK OF THIS FORM