

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1285  
 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

**HOBBS OCD**  
**DEC 10 2018**  
**RECEIVED**

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

WELL API NO. <b>30-025-33359</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>JR PHILLIPS</b> ✓
8. Well Number <b>14</b> ✓
9. OGRID Number <b>005380</b> ✓
10. Pool name or Wildcat

**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  
**8401 HOLIDAY HILL ROAD MIDLAND TEXAS 79707**

4. Well Location  
 Unit Letter **D** : **760** feet from the **NORTH** line and **660** feet from the **WEST** line  
 Section **6** Township **20S** Range **37E** 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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <b>TA EXTENSION</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.

**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 Patricia Donald TITLE Regulatory Analyst DATE 12/15/18

Type or print name **PATRICIA DONALD** E-mail address: patricia\_donald@xtoenergy.com PHONE: 4325718220

**For State Use Only**

APPROVED BY: George Brown 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 <b>XTO</b>	API Number <b>30-025-33359</b>
Property Name <b>JR Phillips #</b>	Well No. <b>#14</b>

Surface Location

UL - Lot <b>D</b>	Section <b>6</b>	Township <b>20S</b>	Range <b>37E</b>	Feet from <b>760</b>	N/S Line <b>N</b>	Feet From <b>660</b>	E/W Line <b>W</b>	County <b>LEA</b>
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Well Status

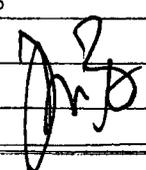
TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJ	INJECTOR SWD	OIL	PRODUCER <input checked="" type="checkbox"/> GAS	DATE <b>12-3-18</b>
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OBSERVED DATA

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

**T/A TEST**

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

INSTRUCTIONS ON BACK OF THIS FORM