Submit Copy To Appropriate District	Form C 102
Office Energy Minerals on	ew Mexico Form C-103 d Natural Resources Revised July 18, 2013
District I – (575) 393-6161 Energy, Minerals and 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVA	TION DIVISION 30-025-04914
District III – (505) 334-6178 1220 South S	t. Francis Dr. 5. Indicate Type of Lease STATE STATE FEE
<u>District (500)</u> (10 5 100	NM 87505 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM (N OR PLUG BACK TO A ARROWHEAD GRAYBURG UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection 8. Well Number 121	
2. Name of Operator	9. OGRID Number
XTO ENERGY, INC. 005380 3. Address of Operator 10. Pool name or Wildcat	
3. Address of Operator 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707	ARROWHEAD; GRAYBURG
4. Well Location	
Unit Letter A :660feet from theNORTH line and660feet from theEAST line	
	21S Range 36E NMPM County LEA
11. Elevation (Show whet	her DR, RKB, RT, GR, etc.)
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12. Check Appropriate Box to Indi	cate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK DILLIG AND ABANDON DILLIG REMEDIAL WORK DILLIG ALTERING CASING DI	
PULL OR ALTER CASING	
CLOSED-LOOP SYSTEM	
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	
proposed completion of recompletion	
XTO Energy, Inc. respectfully to perform the following procedure after a failed MIT:	
1. Pooh W/ TBG & PKR	
2. Locate and repair reason for MIT failure	
3. RBIH w/ tbg and pkr.	Condition of Approval: notify
4. Reset pkr. OCD Hobbs office 24 hours	
	the MIT Test & Chart
	prior of running MIT Test & Chart
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Spud Date: Rig Rel	ease Date:
I harshy cartify that the information shove is true and complete	to the best of my knowledge and belief
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
$\frac{\partial 4/23}{\partial 9}$	
SIGNATURE <u>Cheryl Rowell</u> TITLE Regulatory Coordinator DATE	
Type or print name E-mail address: Cheryl_rowell@xtoenergy.com PHONE: 432-571-8205	
For State Use Only	
APPROVED BY: Kerry Forhe TITLE Compliance Office A DATE 5-9-19	
Conditions of Approval (if app):	