

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. 30-025-10132
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name J L Greenwood
8. Well Number 11
9. OGRID Number 005380
10. Pool name or Wildcat PADDOCK
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3416' GR

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator XTO Energy, Inc
3. Address of Operator 6401 Holiday Hill, Rd #5 Midland, Tx 79707
4. Well Location Unit Letter <u>I</u> : <u>1880</u> feet from the <u>South</u> line and <u>760</u> feet from the <u>East</u> line Section <u>9</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3416' GR

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: TA Extension <input checked="" type="checkbox"/>		OTHER: TA ED. <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. respectfully requests a 1-Year TA extension pending a good MIT. This well is being evaluated for recompletion due to economics. A copy of a good chart is attached.

This Approval of Temporary  
Abandonment Expires 11-18-20

This Approval of Temporary  
Abandonment Expires 11-18-20

Spud Date:

Rig Release Date:

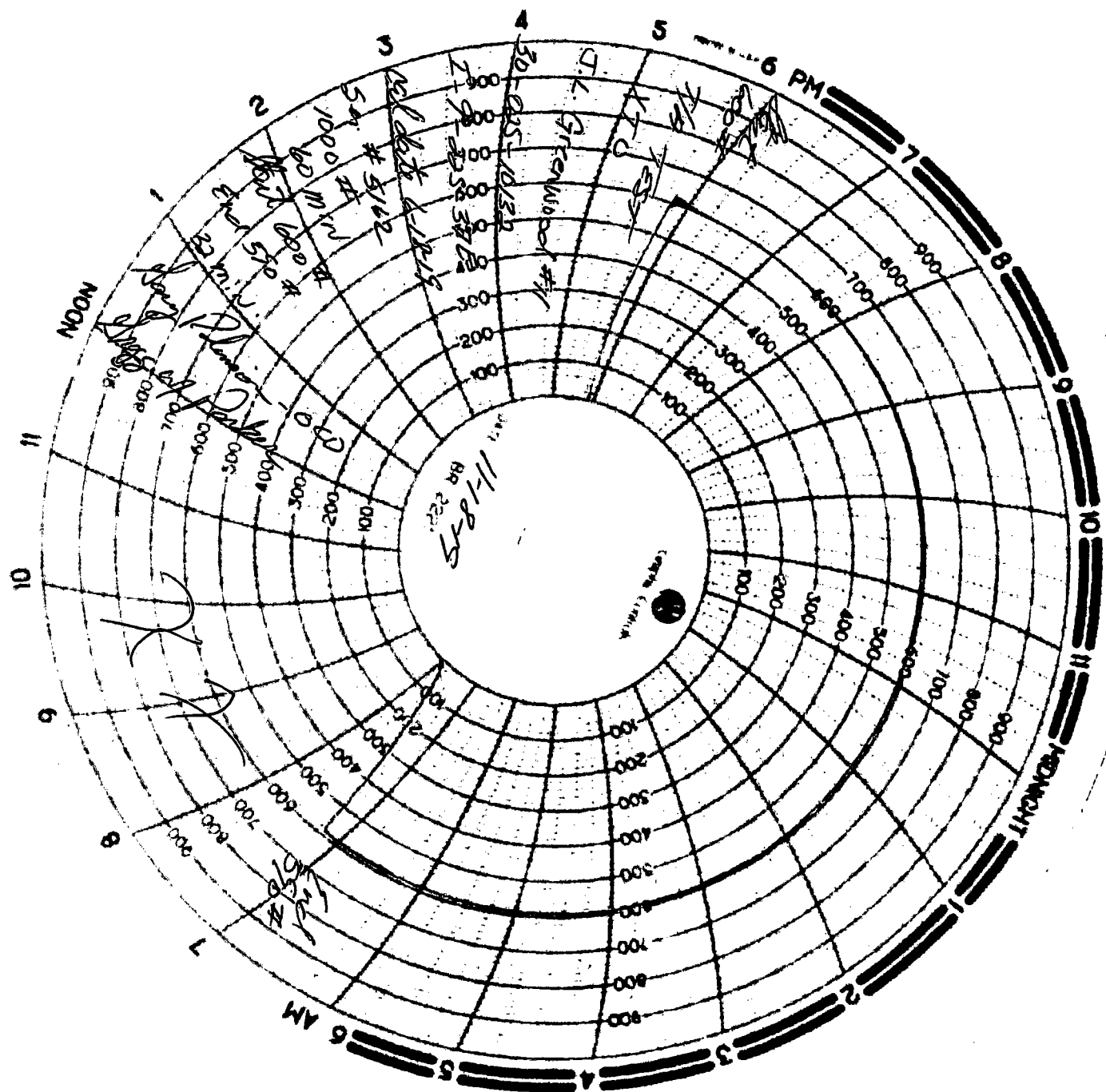
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cassie Evans TITLE Regulatory Analyst DATE 10/05/19

Type or print name Cassie Evans E-mail address: cassie.evans@xtoenergy.com PHONE: 432.218.3671  
For State Use Only

APPROVED BY: Kerry Forte TITLE C.O. A DATE 11-25-19

Conditions of Approval (if any):



District 1  
1625 N French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name <u>XTO</u>		API Number <u>30-025-10132</u>	
Property Name <u>J. L. Greenwood</u>		Well No. <u># 11</u>	

2. Surface Location

UL - Loc <u>I</u>	Section <u>9</u>	Township <u>22S</u>	Range <u>37E</u>	Feet from <u>1880</u>	N/S Line <u>S</u>	Feet From <u>760</u>	E/W Line <u>E</u>	County <u>LEA</u>
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Well Status

<input checked="" type="radio"/> YES TA'D WELL	<input type="radio"/> NO	<input checked="" type="radio"/> YES SHUT-IN	<input type="radio"/> NO	INJ	INJECTOR	SWD	<input checked="" type="radio"/> OIL PRODUCER	GAS	DATE <u>11-18-19</u>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<u>0</u>			<u>0</u>	<u>None</u>
Flow Characteristics					
Puff	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	CO2
Steady Flow	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	WTR
Surges	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	GAS
Down to nothing	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	Type of fluid indicated for waterflood if applies.
Gas or Oil	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	
Water	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>	

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: <u>Harry Robinson</u>			

INSTRUCTIONS ON BACK OF THIS FORM