

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 PADDOCK

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 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.) 3586' 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 Ext. <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.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 5-18-20
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: X 7

Spud Date:

R.

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

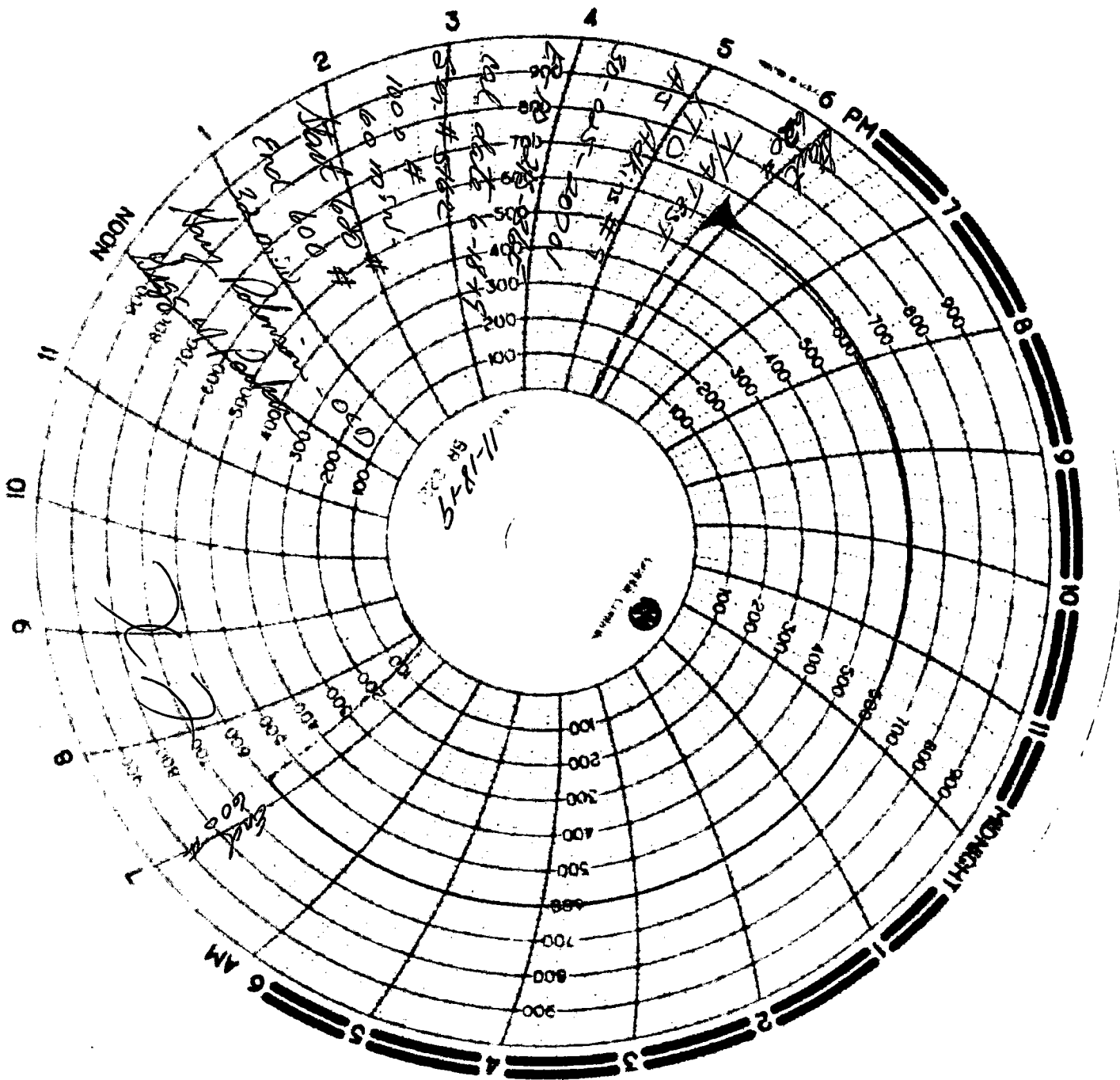
SIGNATURE Cassie Evans TITLE Regulatory Analyst DATE 10/05/19

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

For State Use Only

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

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 Com		Well No. #9	

2. 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 LEA
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Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0			0	NONE
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR
Surges	Y/N	Y/N	Y/N	Y/N	GAS
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Indicated for
Water	Y/N	Y/N	Y/N	Y/N	Water/Oil & applies

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:	Shay Peterson		

INSTRUCTIONS ON BACK OF THIS FORM