Submit 3 Copies To Appropriate District Office Energy, Minerals and Natur	
District I  1625 N. French Dr., Hobbs, NM 872 CELVED  District II	WELL API NO.
District I	DIVISION  30-025-35543  5. Indicate Type of Lease
	ncis Dr. STATE X FEE
District IV  1220 S. St. Francis Dr. Santa Fe. NMA LOBBSOCD	6. State Oil & Gas Lease No.
District III 1000 Rio Brazos Rd., Aztec, NM 87410NOV 18 20 12 20 South St. Francis Dr. Santa Fe, NM 87505  STATE X FEE  6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN C DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10 PROPOSALS.)	R PLUG BACK TO A Arrowhead Grayburg Unit.
1. Type of Well: Oil Well X Gas Well Other	8. Well Number 337Y
2. Name of Operator	9. OGRID Number
XTO Energy, Inc.  3. Address of Operator	10. Pool name or Wildcat
200 N. Loraine, Ste, 800 Midland, TX 79701  4. Well Location	Arrowhead; Grayburg
, Δ	th line and 1270 feet from the East line
Section 2 Township 22S Range 36E NMPM County Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3559' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON 🔀 CHANGE PLANS	COMMENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING  MULTIPLE COMPL	CASING/CEMENT JOB
DOWNHOLE COMMINGLE	
OTHER: T/A ExtensiON [	OTHER:
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
XTO would like to request a TA extension on this well. It was TA'd in 2006 due to high water. There may	
be some opportunity to capture production since it only produced for 3months & the offset wells show good production.	
Condition of Approval: Notify OCD Hobbs	
office 24 hours prior to running MIT Test & Chart	
Spud Date: Rig Relea	se Date:
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Potty lies TITLE Regulatory Analyst DATE 11/16/10	
Type or print name Patty Urias E-ma	patty_urias@xtoenergy.com ail address:PHONE_ <u>432-620-4318</u>
For State Use Only	
APPROVED BY Angala TITLE STATE MAR DATE 11-18-10	
Conditions of Approval (if any):	