

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

NMOCD Rec'd: 10/19/2020 Form C-103  
 Revised July 18, 2013

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

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.)		WELL API NO. 30-015-47125
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO Energy, Inc		6. State Oil & Gas Lease No.
3. Address of Operator 6401 Holiday Hill Rod Bldg #5, Midland Tx 79707		7. Lease Name or Unit Agreement Name Remuda South 25 State
4. Well Location Unit Letter <u>F</u> ; <u>2354</u> feet from the <u>North</u> line and <u>2010</u> feet from the <u>West</u> line Section <u>25</u> Township <u>23S</u> Range <u>29E</u> NMPM County <u>Eddy</u>		8. Well Number <u>704H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3075' GR</u>		9. OGRID Number <u>005380</u>
10. Pool name or Wildcat Forty-Niner Ridge Bone Spring W		

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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.

09/28/2020: Tst intermediate csg to 1500psi held 30 min – good test.  
 09/25/2020 – 10/14/2020: Drill 7-7/8 production hole to 16815 TD, 9148TVD. Reached TD on 10/06/2020. KOP: 8652.  
 10/12/2020: Set 5-1/2 20# P-110 BTC prod csg at 16805. PBTD: 16803. 10/13/2020: Stg 1: Cmt csg w/495sx 35/65 Poz, stg 2: 1210sx 35/65 Poz tail cmt, TOC for tail @ Surface. CBL will be run on completion. Production casing test will be run on completion.  
 10/14/2020: TA Cap and Skid rig.

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 10/18/2020

Type or print name Cassie Evans E-mail address: cassie\_evans@xtoenergy.com PHONE: 432.214.7887

**For State Use Only**

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/28/2020

Conditions of Approval (if any):