Submit 1 Copy To Appropriate District Office	State of New MEXICO	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		Revised July 18, 2013 WELL API NO. 30-015-44342
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 8741	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa I C, INIVI 87505	6. State Oil & Gas Lease No.
SUNDRY N	DTICES AND REPORTS ON WELLS DPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "AP	PUICATION FOR PERMIT" (FORM C-101) FOR SUCH	REMUDA NORTH 31 STATE
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🔲 Other	8. Well Number 703H
2. Name of Operator XTO ENERGY INC	· ·	9. OGRID Number
3. Address of Operator		005380 10. Pool name or Wildcat
	BLDG 5, MIDLAND, TX 79707	Forty-Niner Ridge Bone Spring, West
4. Well Location		, , , , , , , , , , , , , , , , , , ,
Unit Letter K	_: 2310feet from the SOUTH line and	950feet from the _WESTline
Section 31	Township 23S Range 30E	NMPM County Eddy
an a	11. Elevation (Show whether DR, RKB, RT, GR, e 3208'	tc.)
	5200	
12. Chec	k Appropriate Box to Indicate Nature of Notic	e, Report or Other Data
NOTICE OF	INTENTION TO: SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
PULL OR ALTER CASING DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER: APD extension	OTHER:	
 Describe proposed or co of starting any proposed proposed completion or 	mpleted operations. (Clearly state all pertinent details, work). SEE RULE 19.15.7.14 NMAC. For Multiple (recompletion.	and give pertinent dates, including estimated date Completions: Attach wellbore diagram of
XTO Energy Inc, respectful	y requests a 1-year extension to the approved APD.	
		RECEIVED
I		JUN 282019
		DISTRICT II-ARTESIAO.C.D.
Spud Date:	Rig Release Date:	
		,
I hereby certify that the information	on above is true and complete to the best of my knowle	dge and belief.
SIGNATURE Kelly K	ardos TITLE Regulatory Coordinate	DATE 6/20/19
Type or print name	E-mail address:	PHONE:
For State Use Only	\sim	
APPROVED BY: Summe	Am Judany TITLE Geolog 31	DATE 7-3-19
Conditions of Approval (if any):		
conditions of rippio (al any).		DATE / ///