

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

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

Form C-103
Revised July 18, 2013

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|---|--|---|
| 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. 30-015-44388 |
| 1. Type of Well: Oil Well <input 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 | | 6. State Oil & Gas Lease No. E058940010 |
| 3. Address of Operator 6401 Holiday Hill Rd. Bldg 5, Midland, TX 79707 | | 7. Lease Name or Unit Agreement Name Remuda Basin SWD |
| 4. Well Location Unit Letter <u>O</u> : <u>1320</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>12</u> Township <u>25S</u> Range <u>29E</u> NMPM County <u>Eddy, NM</u> | | 8. Well Number <u>001</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3061' | | 9. OGRID Number |
| | | 10. Pool name or Wildcat |

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: <input type="checkbox"/> | | OTHER: MIT <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 respectfully submits this sundry to report the MIT results (attached) and a casing monitoring plan for the referenced well.

A successful MIT was performed 08/23/2019. Form C-103 detailing drilling and completion procedures submitted 09/20/19. Completion report and logs submitted 08/23/19.

In response LOV iGC1920433209, this well will have continuous monitoring and the casing annuli. Details are attached.

RECEIVED

AUG 29 2019

DISTRICT I-ARTESIA O.C.D.

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



TITLE Regulatory Coordinator

DATE

08/28/19

Type or print name Tracie J. Cherry

E-mail address: tracie_cherry@xtoenergy.com

PHONE: 432-221-7379

For State Use

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

XTO Energy
Remuda Basin SWS 001
30-015-44388
Eddy County, NM

The following monitoring protocol and operational safeguards are being implemented during disposal operations:

1. Surface pressure transducers installed on the following:
 - a. 5-1/2" x 4-1/2" injection string
 - b. 5-1/2" x 7-5/8" annulus
 - c. 7-5/8" x 9-5/8" annulus
 - d. 9-5/8" x 13-3/8" annulus
2. Baseline pressure on the injection string and all three annuli will be recorded and documented prior to injection startup and will be monitored for changes once injection begins
3. If a 1,000 psi increase in pressure is observed on any of the annular pressure transducers, injection into the well will cease; flowback iron/manifold/tankage will be set and used for evaluation and NMOCD will be notified prior to recommencing water disposal

State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary

Todd E. Leahy, JD, PhD
Deputy Secretary

Adrienne Sandoval, Division Director
Oil Conservation Division



Date:

8/23/19

API#

30-015-44388

A Mechanical Integrity Test (M.I.T.) was performed on, Well Remuda Basin SWD 001

 M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOOnline.htm 7 to 10 days after postdating.

 M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made; Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.
No expectation of extension should be construed because of this test.

 M.I.T. for Temporary Abandonment, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

 M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

X M.I.T. is successful, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact me for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.114

Thank You,

Gilbert Cordero, Staff Manager
EMNRD-O.C.D.
District II - Artesia, NM