| Submit 1 Copy To Appropriate District Office | State of New Mexico | | Form C-103 | | |
|--|--|--------------------------|--|--|--|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | | Revised July 18, 2013 | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 HOBBS | OCD | | WELL API NO. | | |
| District II – (575) 748-1283 MUDD 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION | DIVISION | 30-025-04826 | | |
| D1 + 1 + 111 - (505) 224 (150) | 2018 1220 South St. Fran | ncis Dr. | 5. Indicate Type of Lease | | |
| District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM Julio 2 0 | Santa Fe, NM 87 | | STATE FEE 6. State Oil & Gas Lease No. | | |
| District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM, | | | EUMONT GAS COM 2 | | |
| 1220 S. St. Francis Dr., Santa Fe, NECEIVED 87505 | | | | | |
| SUNDRY NOTICI | Γς ΑΝΓΓΙΟ ΕΡΟΛΡΤς ΟΝΙ WELL Ο | | 7. Lease Name or Unit Agreement Name | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO DEEPEN OR TO DEEPEN OR TO DEEPEN OR SUCH SOLUTION FOR PERMIT" (FORM C-101) FOR SUCH SOLUTION FOR PERMIT. | | | | | |
| PROPOSALS.) | | | 8. Well Number 003 | | |
| | as Well 🗌 Other 🛛 🗸 | 1 20 2010 | | | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other UL 202018 Contemporation Co | | 9. OGRID Number | | | |
| XTO ENERGY, INC. | | 005380 | | | |
| 3. Address of Operator | | 10. Pool name or Wildcat | | | |
| 6401 HOLIDAY HILL RD, BLDG 5 | MIDLAND IX /9/0/ | | EUMONT;YATES 7 RVRS GAS | | |
| 4. Well Location | | | | | |
| Unit Letter <u>N</u> : 660 feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line | | | | | |
| Section 29 | Township 21S | Range 36E | NMPM County LEA | | |
| | 11. Elevation (Show whether DR, | | | | |
| | 3628' | GL | | | |
| | | | | | |
| 12. Check Ap | propriate Box to Indicate N | ature of Notice, | Report or Other Data | | |
| | | | | | |
| | | | SEQUENT REPORT OF: | | |
| | | — — — | | | |
| | | — — | | | |
| | | | | | |
| DOWNHOLE COMMINGLE | P&A R | | | | |
| OTHER: | | 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of | | | | | |
| proposed completion or recompletion | | | | | |
| | | | | | |
| | | | | | |
| 7/5/18 MIRU, RIH, DRL CMT 303-778', CIRC, TST TO 500 PSI - LOST 100 PSI IN 5 MIN. | | | | | |

7/11/18 RIH, TAG TOC @ 3059', DRL CMT & CIBP. CIRC CLEAN

7/12/18 POH, LD BHA, RIH W/ 5.5" CIBP SET @ 3580', SPOT 50 SXS CMT, POOH

TAG TOC @ 3141', SPOT MUD PLUG 3141-1769', SPOT 50 SXS CMT , POH, WOC. RIH, TAG TOC @ 1278', DISPLACE 3 BBLS MUD, POH TO 850', PUMP 110 SXS CMT TO SURF. LD TBG, ND BOP.

WELL PLUGGED & ABANDONED.

| Spud | Date: |
|------|-------|

6/18/57

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms. Restoration Due By 7-13-2019

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

| SIGNATURE Charle Rowce | TITLE Regulatory Coordinator | DATE <u>7/17/18</u> |
|----------------------------------|--|----------------------------|
| Type or print name Rowell | E-mail address: _cheryl_rowell@xtoenergy.com | PHONE: <u>832-571-8205</u> |
| For State Use Only | | |
| APPROVED BY: Mal Whiteh | TITLE H.E.S. | DATE 07/23/2018 |
| Conditions of Approval (if any): | | |