

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88248
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

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. 30-025-28924
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <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 Rd., Bldg 5		7. Lease Name or Unit Agreement Name: Seven Rivers Queen
4. Well Location Unit Letter F : 2623' feet from the North line and 2636 feet from the East line Section 4 Township 22S Range 36E NMPM County Lea		8. Well Number 11
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 005380
		10. Pool name or Wildcat Eunice, Seven Rivers-Queen, South

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: MIT/Bradenhead failure ☒

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.

6/19/2018 - Ran 3 failing MITs, see attached all 3 charts.

7/10/18 - Repair, MI RU pmp trk test csg to 380psi bleed down to 370psi
Ran official MIT (Advosed George Bower/w NMOCD) rig off

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart

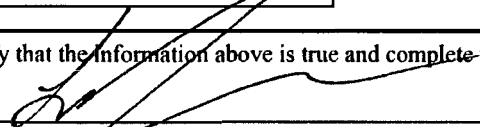
Spud Date:

11/22/1984

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 Analyst**

DATE **9/10/2018**

Type or print name **Lindsay Deaver**

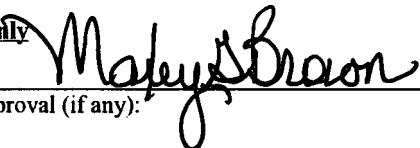
E-mail address:

lindsay_deaver@xtoenergy.com

PHONE **432-221-7307**

For State Use Only

APPROVED BY



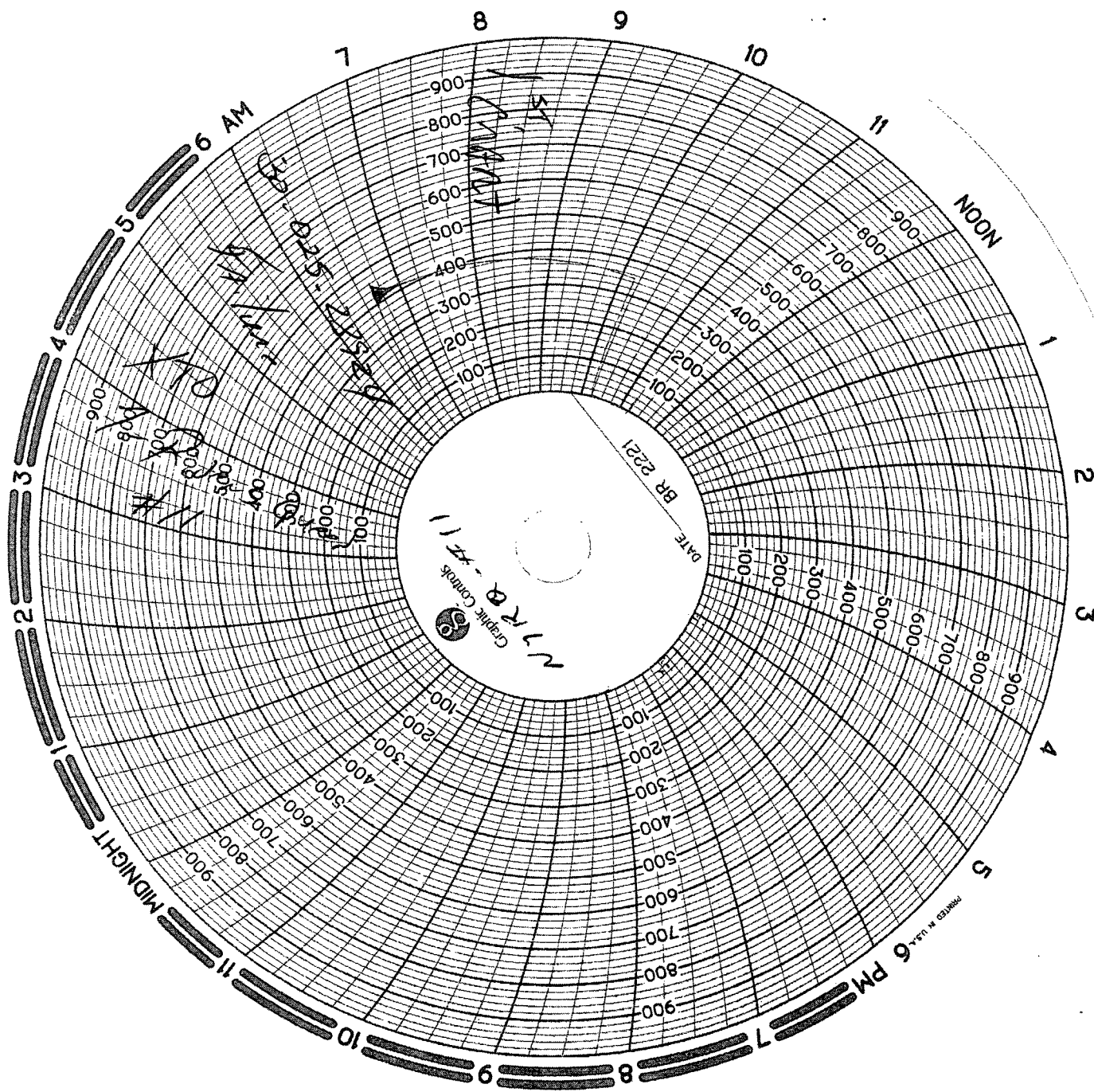
TITLE

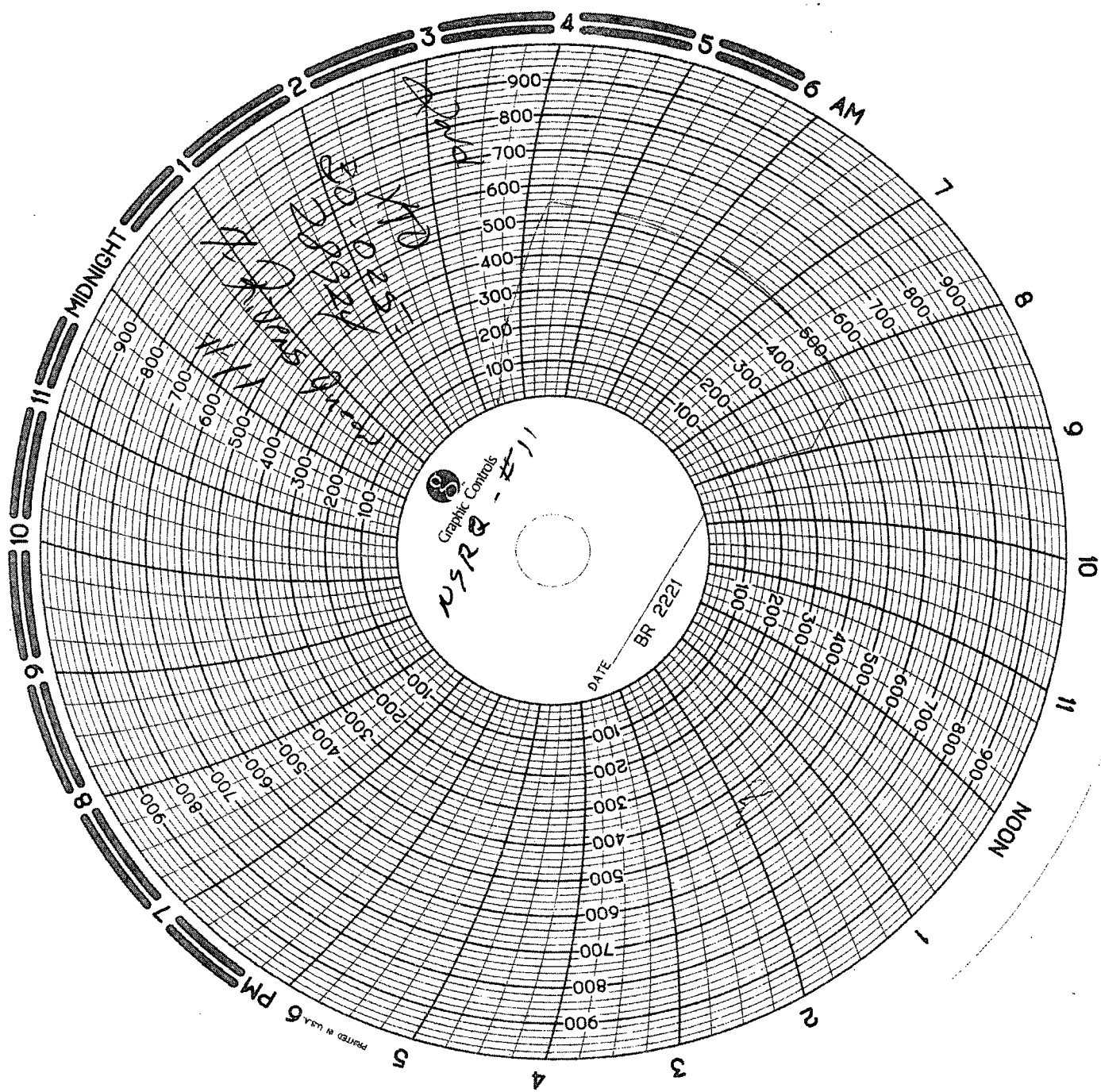
AO/I

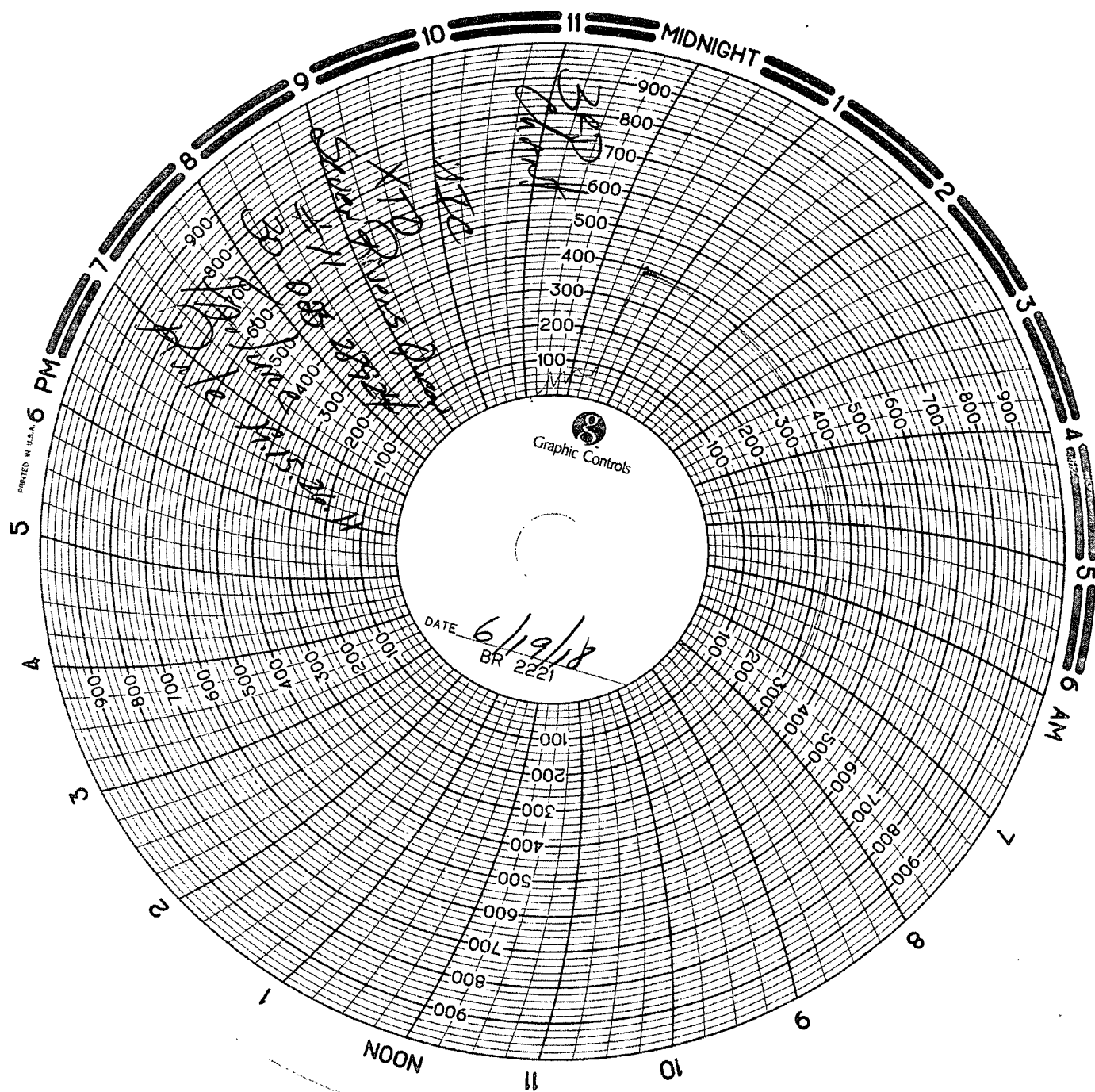
DATE

9/11/2018

Conditions of Approval (if any):







State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

REC'D/MIDLAND

AUG 27 2018

BRADENHEAD TEST REPORT

Operator Name <i>XTO</i>		API Number <i>30-025-28924</i>	
Property Name <i>Seven Rivers Creek</i>		Well No. <i>11</i>	

7. Surface Location

UL - Lot <i>6</i>	Section <i>4</i>	Township <i>22S</i>	Range <i>36E</i>	Feet from <i>2623</i>	N/S Line <i>N</i>	Feet From <i>2636</i>	E/W Line <i>E</i>	County <i>LCA</i>
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Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> INJ <input type="radio"/> SWD	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <i>6/19/18</i>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>φ</i>	<i>—</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	If applicable type
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	fluid injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Failure
would not hold PSI*

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>6/19/18</i>	Phone:		
Witness: <i>[Signature]</i>			