

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 August 1, 2011

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <input checked="" type="checkbox"/>	WELL API NO. 30-025-34664
2. Name of Operator XOG OPERATING, LLC	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P. O. BOX 352 MIDLAND, TX 79702	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>1</u> : <u>1830</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>15</u> <u>18</u> Township <u>21S</u> <u>20S</u> Range <u>35E</u> <u>36E</u> NMPM LEA County	7. Lease Name or Unit Agreement Name GENESIS STATE
	8. Well Number 3
	9. OGRID Number 236790
	10. Pool name or Wildcat EUMONT YATES 7 RIVERS QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" 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"/>	
OTHER: <input type="checkbox"/>	OTHER: Request TA Status <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.

~~12/23/13~~ Failed MIT on 12/23/13

12/27/13 Will pull packer, set new packer at same depth and run MIT (notice given by phone to Donna Mull @ NMOC D 12/26/13). After successful MIT will acidize perforations to comply with maximum permitted injection pressure.

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 Angie Crawford TITLE PRODUCTION ANALYST DATE 12/26/13
Type or print name ANGIE CRAWFORD E-mail address: acrawford@xogoperating.com PHONE: 432-683-3171

For State Use Only

APPROVED BY: Mark Whitman TITLE Compliance Officer DATE 12/27/2013

CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.

JAN 07 2014