

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.)		WELL API NO. 30-025-34664 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <input checked="" type="checkbox"/> HOBBS OCD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XOG OPERATING, LLC		6. State Oil & Gas Lease No.
3. Address of Operator P. O. BOX 352 MIDLAND, TX 79702 FEB 24 2014 RECEIVED		7. Lease Name or Unit Agreement Name GENESIS STATE ✓
4. Well Location Unit Letter <u>I</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 ✓		8. Well Number <u>3</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>236790</u>
		10. Pool name or Wildcat EUMONT YATES 7 RIVERS QUEEN ✓

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: Mechanical Integrity Test <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.

12/31/13 Acidize perms.

1/4/14 Repair AD-1 Packer and set @ 4,400 as before.

1/6/14 Mark Whitaker with NMOCD on location to witness test. Service company brought wrong chart recorder and had to send for another recorder. NMOCD representative had to leave and granted permission to go ahead with test when 1000# recorder arrived. MIT was performed on this well. The casing was pressured to 545psi over a 36 minute period. The test was deemed successful. Chart attached.

Spud Date:

Rig Release Date:

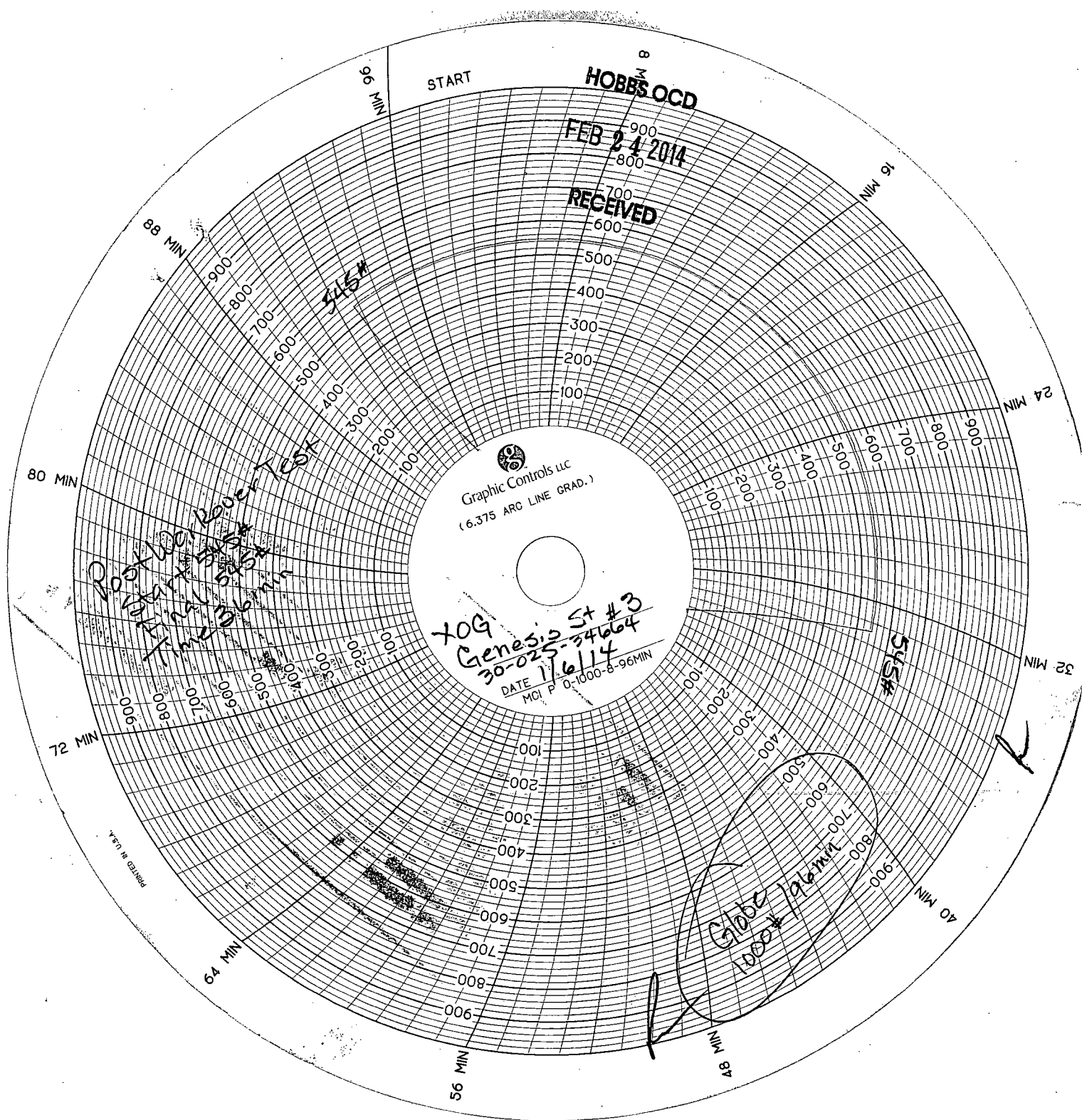
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Angie Crawford TITLE PRODUCTION ANALYST DATE 2/20/14
Type or print name ANGIE CRAWFORD E-mail address: acrawford@xogoperating.com PHONE: 432-683-3171

For State Use Only

APPROVED BY: Malay Brown TITLE Compliance Officer DATE 2/26/2014
Conditions of Approval (if any):

FEB 26 2014



Company XOG. Operating LLC.
Lease Genesis State Well No. 3
Date of Test 1-6-14
Packer: make ADP model _____ depth _____
Tubing Pressure: 0 min 1320 15 min 1320 30 min 1320
Casing Pressure: 0 min 0 15 min 545 30 min 545
Surf. Csg Pressure: 0 min 0 15 min 0 30 min 0
to spring 1000 hr chd 96 min hr cloc
Service Company: Globe
Per/Supervisor: Smoker
Company Representative: Robin McAnally
RRC Required: Y Witnessed by RRC Y (N)