Submit 1 Copy To Appropriate District			State of New Mexico						Form C-103					
Office District I –	(575) 393-6161	Energy, Minerals and Natural Resources						Revised July 18, 2013						
1625 N French Dr. Hobbs NM 88240										WELL API NO.				
	(575) 748-1283 St., Artesia, NM 8	OIL CONSERVATI HOBBS						30-025-43696						
District III -	- (505) 334-6178	1220 South St. Francis Dr.						5. Indicate Type of Lease STATE S FEE						
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460					Santa Fe, NM 875115 31 2018					6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe, NM								STATE						
87505 SUNDRY NOTICES AND REPORTS ON WELL RECEIVED									7 Longo Ma	me or Un	it Agreemer	t Name		
(DO NOT U	JSE THIS FORM						CK TO A		. Lease ine		it Agreemer	it Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH									CHISTERA	32 STAT	ΓE	` _		
PROPOSALS.) 1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other									8. Well Nu	mber				
										3H				
2. Name of Operator										9. OGRID Number 5380				
XTO ENERGY, INC										10. Pool name or Wildcat				
3. Address of Operator 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79705										HAT MESA; BONE SPRING				
4. Well I										-,				
	Unit Letter <u>B</u>	· 215'	faat fr	om the	NORTH	line and	151'	feet from	the EA	AST lin	٩			
							<u>434</u> PM	-	-		C			
	Section 32	10	wnship 2		ange 33E how whethe				County LEA	1				
			11. DK	vation (S	3619' GL) , <i>N</i> 1, U	<i>(K</i> , <i>eiC</i> .)						
	12	Check /	Appropr	iate Boy	to Indica		e of N	otice. R	eport or C)ther Dat	a			
	12.		-ppiopi	1410 201					-					
	NOTIC	E OF IN	ITENTI	ON TO	:			SUBS	EQUENT	REPO	RT OF:			
PERFOR	M REMÉDIAL	WORK 🗌		AND ABA				WORK			FERING CA	SING 🔲		
	ARILY ABAND			GE PLAN					ING OPNS	. <u> </u>	ND A			
	ALTER CASIN		MULTI	PLE COM	IPL 🗌		SING/C	EMENT	IOB					
	OLE COMMING													
	-LOOP SYSTE	M 🗌												
OTHER:	escribe propos	ad or comr	lated one	rations (Clearly stat		HER:	aile and a	ive pertine	nt dates in	oluding est			
	f starting any p													
	roposed comple							FF						
	y, Inc requests p	ermission to	revise the	casing an	d cement des	ign as follo	ws:	r	1					
Casing Type	Fluid Type	Mud Weight	Hole Size	Casing Size	Casing Grade	Casing Weight	Top MD	Setting Depth	Lead Cement	Tail Cement	Total Sks Cement	тос		
Surf	FW/Native	8.3 - 9.5	20	16	H40 STC	64	0	1492	1115	275	1390	0		
1st														
Interm	Brine	9.0-10.3	14.75	11.75	H-40 STC	42	0	3270	906	168	1074	0		
2nd Interm	FW/Native	8.3-9.5	10.875	8.625	J-55 LTC	32	0	5032	617	84	702	o		
Prod	FW/Cut Brine	8.5 - 10	7.875	5.5	P110 BTC	17	0	16081	541	653	1193	4532		
	ОВМ	9.7	7.875											
Contingencie	s													
•	be used in production	•			le while drilling	with WBM								
	ay be set in 1st intern ay be set in 2nd interi													
	formation does not h				deep as 10.400	' w/ FW and 8-!	5/8" csg w/	/ be set at sai	d depth. This wil	I not change D	V tool depth			
	g. The point of this pla													
0 10.4					Die Deles	na Data								
Spud Date: Rig R						g Release Date:								
		<u> </u>				.1 1			11 11 0					
I hereby co	ertify that the in	ntormation	above is	true and o	complete to	the best of	my kn	owledge	and belief.					
SIGNATU		y tha	1 al al al			Regulatory	Coordi	nator		DATE 0	7/30/2018			
SIGNATU	A A A A A A A A A A A A A A A A A A A	y ru				Regulatory	Coorgi	nator		DATE V	1/30/2010			
Type or p	rint name <u>Kel</u>	ly Kardos	F	-mail add	lress: <u>kelly</u>	kardos@y	toener	zv.com	PHON	E: <u>432-6</u> 2	20-4374			
For State			Ł								<u></u>			
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APPROV		Lafey,	<u>AA</u>	aun	ノ _{TITLE}	A	U/I			DATE_	0116	010		
Condition	s of Approval (if any):()					r			_	ι ·			
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