| Submit 1 Copy To Appropriate District                                                                                                                                        | State of New Mexico                                              | Form C-103                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------|
| Office<br><u>District I</u> – (575) 393-6161                                                                                                                                 | Energy, Minerals and Natural Resources                           | Revised July 18, 2013                |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283                                                                                                   |                                                                  | WELL API NO.<br>30-025-20701         |
| 811 S. First St., Artesia, NM 88210                                                                                                                                          | OIL CONSERVATION DIVISION                                        | 5. Indicate Type of Lease            |
| <u>District III</u> - (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                 | 1220 South St. Francis Dr.                                       | STATE   FEE X                        |
| <u>District IV</u> - (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM                                                                                                 | Santa Fe, NM 87505                                               | 6. State Oil & Gas Lease No.         |
| 87505                                                                                                                                                                        |                                                                  |                                      |
|                                                                                                                                                                              | S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICAT                                                                                                                                           | ION FOR PERMIT" (FORM C-101) FOR SUCH                            | AJ Adkins Com                        |
| PROPOSALS.)  1. Type of Well: Oil Well X Ga                                                                                                                                  | s Well Other OCD HOBBS                                           | 8. Well Number 009                   |
| 2. Name of Operator                                                                                                                                                          | OCD RO-<br>04/14/2020<br>04/14/2020                              | 9. OGRID Number                      |
| XTO Energy, Inc                                                                                                                                                              | UALTETVED                                                        | 005380                               |
| 3. Address of Operator 6401 Holiday                                                                                                                                          |                                                                  | 10. Pool name or Wildcat             |
| Midland, Tx 79707 PADDOCK  4. Well Location                                                                                                                                  |                                                                  |                                      |
| Unit Letter E: 1650 feet from the North line and 990 feet from the West line                                                                                                 |                                                                  |                                      |
| Section 10                                                                                                                                                                   | Township 21S Range 36E                                           | NMPM County Lea                      |
|                                                                                                                                                                              | 1. Elevation (Show whether DR, RKB, RT, GR, etc.                 |                                      |
|                                                                                                                                                                              | 3586' GR                                                         |                                      |
|                                                                                                                                                                              |                                                                  |                                      |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                 |                                                                  |                                      |
| NOTICE OF INTE                                                                                                                                                               | ENTION TO: SU                                                    | BSEQUENT REPORT OF:                  |
|                                                                                                                                                                              | PLUG AND ABANDON  REMEDIAL WO                                    |                                      |
|                                                                                                                                                                              | <b> </b>                                                         | RILLING OPNS.□ P AND A ☑             |
| <del>-</del>                                                                                                                                                                 | MULTIPLE COMPL   CASING/CEME                                     | INT JOB $\square$ $PIVI$             |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM                                                                                                                                        |                                                                  | •                                    |
| 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.                          |                                                                  |                                      |
| proposed compression or recompression.                                                                                                                                       |                                                                  |                                      |
|                                                                                                                                                                              |                                                                  |                                      |
| XTO Energy, Inc. respectfully submits a subsequent report of pa operations on the above referenced well.                                                                     |                                                                  |                                      |
| 03/12/2020: Tag TOC @ 3307', Spot 25 sx cmt F/ 3307' – 2945', WOC.                                                                                                           |                                                                  |                                      |
| 03/16/2020: Tag TOC @ 2959', Perf @ 2876', Spot 35sx @ 2926' – 2419', WOC.                                                                                                   |                                                                  |                                      |
| 03/17/2020: Tag TOC @ 2415', Perf @ 1413', Spot 50sx cmt @ 1413' – 1051', WOC. Tag TOC @ 1011'.<br>03/18/2020: Perf 300', Spot 90 sx f/ 300' to surf top off csg. Well PA'd. |                                                                  |                                      |
| 00/10/2020                                                                                                                                                                   |                                                                  |                                      |
|                                                                                                                                                                              |                                                                  |                                      |
|                                                                                                                                                                              |                                                                  |                                      |
|                                                                                                                                                                              |                                                                  |                                      |
|                                                                                                                                                                              |                                                                  |                                      |
| Spud Date:                                                                                                                                                                   | Rig Release Date:                                                |                                      |
|                                                                                                                                                                              |                                                                  |                                      |
| I hereby certify that the information abo                                                                                                                                    | eve is true and complete to the best of my knowled               | dge and helief                       |
| 1 hereby certify that the information abo                                                                                                                                    | ve is true and complete to the best of my knowled                | age and belief.                      |
| SIGNATURE COODI WAVE                                                                                                                                                         |                                                                  |                                      |
| SIGNATURE COLOU WOME                                                                                                                                                         | TITLE Regulatory Analyst                                         | DATE 03/31/2020                      |
| Type or print name Cassie Evans                                                                                                                                              | E-mail address:cassie_evans@                                     | Dxtoenergy.com PHONE: 432.218.3671   |
| For State Use Only                                                                                                                                                           |                                                                  |                                      |
| ADDROVED BY                                                                                                                                                                  | hate TITLE CO                                                    | A 18-20                              |
| APPROVED BY: // /                                                                                                                                                            | IIILE C                                                          | DATE 6-18-20                         |