Submit One Copy To Appropriate District	State of New Me	xico		Form C-103
Office District I	Energy Minerals and Matural Decourses		Revised November 3, 2011	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		DIVISION	30-025-20306	
District III 1220 South St. Francis Dr		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87		6. State Oil & Ga	
1220 S. St. Francis Dr., Santa Fe, NM	OF	P B B B B B B B B B B B B B B B B B B B	o. State on & Ga	
87505 SUNDRY NOTICE	S AND REPORTS ON WELLS	. 9 .	7 Lease Name or	Unit Agreement Name
TOO NOT USE THIS FORM FOR PROPOSAL	STO DOIL OF TO DEEDEN OF DI	IN ACK TO A S	7. Dease Manie of	Olite Algreenient Ivanie
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: XIOil Well Gas Well Other			John D Knox	
1. Type of Well: XOil Well Gas Well Other			8. Well Number 11	
2. Name of Operator			9. OGRID Number	
XTO Energy, Inc.			005380	
3. Address of Operator			10. Pool name or Wildcat	
6401 Holiday Hill Road, Bldg 5, Midland, TX 79707			Oil Center Blinbry	
4. Well Location				
Unit Letter <u>1</u> : <u>2310</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line				
Section 10Township 21S_Range 36ENMPMCounty Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3624' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REI	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				
		CASING/CEMENT		
OTHER: OTHER:				
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the 				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, OUARTER/QUARTER LOCATION OR				
<u>UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u> PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
FERMANENTLI STANFED ON THE MARKER S SURFACE.				
In The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location.				
X All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.)				
 All other environmental concerns have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- 				
☑ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.				
If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well				
location, except for utility's distribution infrastructure.				
Without all more have been completed actions to the complete District office to the have				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
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SIGNATURE (I V roughest -	TITLE	Environmental Cool	rdinator]	DATE <u>7/17/2020</u>
TYPE OR PRINT NAME Amy C	Ruth E-MAIL	_amv_ruth@xtoen		HONE: 575-689-3380
For State Use Only 2				010-003-0000
Real	fit 1	A A	H	DATE 7.29-20
APPROVED BY: JOOUG	JWC TITLE (<u> </u>	1.	DATE / / / / / / / / / / / / / / / / / / /