

**STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION**

**IN THE MATTER OF THE HEARING CALLED  
BY THE OIL CONSERVATION DIVISION FOR  
THE PURPOSE OF CONSIDERING:**

**APPLICATION OF SCO PERMIAN LLC FOR A  
SPECIAL DEPTH BRACKET ALLOWABLE  
FOR THE GOODWIN-ABO POOL, LEA COUNTY,  
NEW MEXICO.**

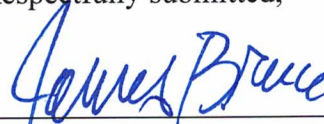
**Case No. 22456**

**NOTICE OF FILING REPLACEMENT EXHIBIT**

SCO Permian, LLC hereby submits for filing Replacement Exhibit 3 (the notice affidavit). The exhibit shows that all notified parties received the certified letter mailed to them. As a result, the publication notice (Exhibit 4) is superfluous.

Also, submitted as Attachment A are documents from the Division's well files on the only other wells still completed in the Goodwin-Abo Pool (other than that of applicant).

Respectfully submitted,



---

James Bruce  
Post Office Box 1056  
Santa Fe, New Mexico 87504  
(505) 982-2043  
[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

Attorney for SCO Permian, LLC

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION

APPLICATION OF SCO PERMIAN, LLC FOR  
A SPECIAL DEPTH BRACKET ALLOWABLE  
FOR THE GOODWIN-ABO POOL, LEA COUNTY,  
NEW MEXICO.

Case No. 22456

SELF-AFFIRMED STATEMENT OF NOTICE

COUNTY OF SANTA FE    )  
  ) ss.  
STATE OF NEW MEXICO    )

James Bruce deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for SCO Permian, LLC ("SCO").
3. SCO has conducted a good faith, diligent effort to find the names and correct addresses of the operators entitled to receive notice of the application filed herein. Those persons are operators of producing wells or TA'd wells in the Goodwin-Abo Pool, or within a mile of the pool's boundaries and not placed in a different pool. This information was obtained from the Division's well files.
4. Notice of the application was provided to the operators, at their addresses listed in the Division's operators list, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A. The operators are as follows:  
  
  - Empire New Mexico LLC (two producing wells)
  - XTO Energy Inc. (one TA'd well)
  - Sahara Operating Company (one producing well)
5. SCO has complied with the notice provisions of Division Rules.
6. I understand that this Self-Affirmed Statement will be used as written testimony in this case. I affirm that my testimony in paragraphs 1 through 5 above is true and correct and is made under penalty of perjury under the laws of the State of New Mexico. My testimony is made as of the date handwritten next to my signature below.

Date: 1/4/22

James Bruce  
James Bruce

Replacement  
EXHIBIT 3

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)  
[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

December 16, 2021

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Enclosed is a copy of an application for special pool rules, filed with the New Mexico Oil Conservation Division by SCO Permian LLC, regarding the Goodwin-Abo Pool in Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 6, 2021. During the COVID-19 Public Health Emergency, state buildings are closed to the public and the hearing will be conducted remotely. To determine the location of the hearing or to participate in an electronic hearing, go to [emnrd.state.nm.us/OCD/hearings](http://emnrd.state.nm.us/OCD/hearings) or see the instructions posted on the Division's website, <http://emnrd.state.nm.us/OCD/announcements.html>. You are not required to attend this hearing, but as an owner of an interest who may be affected by the application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting this matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, December 30, 2021. This statement may be filed online with the Division at [ocd.hearings@state.nm.us](mailto:ocd.hearings@state.nm.us), and should include: The name of the party and his or her attorney; a concise statement of the case; the name(s) of the witness(es) the party will call to testify at the hearing; the approximate time the party will need to present his or her case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for SCO Permian LLC

ATTACHMENT 

EXHIBIT A

Empire New Mexico LLC  
Suite 150  
2200 South Utica Place  
Tulsa, Oklahoma 74114

XTO Energy Inc.  
22777 Springwoods Village Parkway  
Spring, Texas 77389

Sahara Operating Company  
P.O. Box 4130  
Midland, Texas 79704

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To Empire New Mexico LLC  
Suite 150  
2200 South Utica Place  
Tulsa, Oklahoma 74114

Street and Apt. No., or P.O. Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 7498

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*X George McAlpine*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*GEORGE McALPINE 12-30-21*

D. Is delivery address different from item 1?  Yes  
if YES, enter delivery address below:  No

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Return Receipt for Merchandise  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Restricted Delivery  Signature Confirmation Restricted Delivery

2. Article Addressed to:  Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

SC0

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

**Total Postage and Fees** \$ \_\_\_\_\_

Sent To Sahara Operating Company  
P.O. Box 4130  
Midland, Texas 79704

Street and Apt. No., or P.O. Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 7498

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Empire New Mexico LLC  
Suite 150  
2200 South Utica Place  
Tulsa, Oklahoma 74114

9590 9402 6746 1074 2326 13

2. Article Number (Tracking®)

7021 0350 0001 3337 6823

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*X SB*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*LYSLC19* *12/21/21*

D. Is delivery address different from item 1?  Yes  
if YES, enter delivery address below:  No

3. Service Type  Priority Mail Express®  
 Adult Signature  Registered Mail™  
 Adult Signature Restricted Delivery  Registered Mail Restricted Delivery  
 Certified Mail®  Signature Confirmation™  
 Certified Mail Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SC0

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

XTO Energy Inc.  
 22777 Springwoods Village Parkway  
 Spring, Texas 77389

9590 9402 6746 1074 2326 20

2. Article Identification Number: 7021 0950 0002 0365 7504 (over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION FOR DELIVERY**

A. Signature: C-19  Agent  Addressee

B. Received by (Printed Name): [Signature] C. Date of Delivery: 12-25-21

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type

Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Certified Mail Restricted Delivery  Registered Mail Restricted Delivery  
 Collect on Delivery  Signature Confirmation™  
 Delivery Restricted Delivery  Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

XTO Energy Inc.  
 22777 Springwoods Village Parkway  
 Spring, Texas 77389

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0950 0002 0365 7504

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 87248  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
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  
June 19, 2008

WELL API NO. 30-025-34561
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: MONUMENT 36 STATE
8. Well Number #2
9. OGRID Number 005380
10. Pool name or Wildcat Goodwin, ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**RECEIVED**  
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  Gas Well  Other

2. Name of Operator  
XTO Energy, Inc.

3. Address of Operator  
200 N. Loraine, Ste. 800 Midland, TX 79701

4. Well Location  
Unit Letter I : 1632 feet from the south line and 1298 feet from the east line  
Section 36 Township 18S Range 36E NMPM County LEA

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING
- CASING/CEMENT JOB

ATTACHMENT

**A**

OTHER:  OTHER: Repair, sub pump, acdz/chem. sqz. RWTP

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 9/22/11 MIRU PU. ND WH. NU BOP RU spooler. MI & rack 253 jts of 2 7/8" WS.
- 9/23/11 PU & RIH w/notch collar & 228 jts 2 7/8" WS.
- 9/26/11 RIH & tag fill @ 7335'. CO fill w/bailer to PBTD @ 7509'. PU RIH w/sonic hammer tool. Prep for acid wash.
- 9/27/11 Sonic hammer wash ABO OH fr 7251-7509' w/450 bbls 9# BW. Did not circ. Acid wash OH 7509-7251' w/5000 gal 15% 90/10 acid. RD acid equip. RU swab.
- 9/29/11 POOH & LD Sonic hammer tool. PU & RIH w/pkr & 2 7/8 WS and set pkr. @ 7902'. L&T TCA to 300 psig for 15 mins. w/no loss.
- 10/3/11 RDMO acid co. RU swab. Made 6 runs in 2 hrs. Rel. pkr. POOH LD w/2 7/8" WS & pkr.
- 10/4/11 RU pmp trk & pmp. RU spoolers. RIH w/2 3/8 prod. Tbg set @ 7239'. ND BOP. NU WH. RWTP. Test well. RD MO PU.

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 Sharon Hindman TITLE Regulatory Analyst DATE 10/13/2011  
 Type or print name Sharon Hindman E-mail address: sharon\_hindman@xtoenergy.com PHONE 432-620-6741

For State Use Only  
 APPROVED BY [Signature] TITLE Staff DATE 10-20-2011  
 Conditions of Approval (if any):

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-105 Revised 1-1-89

Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-34533

5. Indicate Type Of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG



1a. Type of Well: OIL WELL [X] GAS WELL [ ] DRY [ ] OTHER [ ]

7. Lease Name or Unit Agreement Name

b. Type of Completion: NEW WELL [X] WORK OVER [ ] DEEPEN [ ] PLUG BACK [ ] DIFF RESVR [ ] OTHER [ ]

MONUMENT 36 STATE

2. Name of Operator Chevron U.S.A. Inc.

8. Well No. 3

3. Address of Operator P.O. Box 1150, Midland, TX 79702

9. Pool name or Wildcat GOODWIN; ABO

4. Well Location Unit Letter H : 2178 Feet From The NORTH Line and 620 Feet From The EAST Line

Section 36 Township 18S Range 36E NMPM LEA County

10. Date Spudded 6/2/99 11. Date T.D. Reached 6/16/99 12. Date Compl.(Ready to Prod.) 7/8/99 13. Elevations(DF & RKB, RT, GR, etc.) 3744' 14. Elev. Casinghead

15. Total Depth 7462' 16. Plug Back T.D. 7462' 17. If Multiple Compl. How Many Zones? 18. Intervals Drilled By Rotary Tools Cable Tools X

19. Producing Interval(s), of this completion - Top, Bottom, Name 7249' - 7462' OH 20. Was Directional Survey Made NO

21. Type Electric and Other Logs Run PLATFORM EXPRESS/HALS/BHC/NGT/FMI/GR 22. Was Well Cored NO

23. CASING RECORD (Report all strings set in well)

Table with 6 columns: CASING SIZE, WEIGHT LB./FT., DEPTH SET, HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Rows include 11-3/4", 8-5/8", and 5-1/2" casing sizes.

24. LINER RECORD 25. TUBING RECORD

Table with 8 columns: SIZE, TOP, BOTTOM, SACKS CEMENT, SCREEN, SIZE, DEPTH SET, PACKER SET. Includes tubing size 2-7/8" and depth 7200'.

26. Perforation record (interval, size, and number) NONE 27. ACID, SHOT, FRACTURE, CEMENT, SOBBEZE, ETC. DEPTH INTERVAL 7249' - 7462' AMOUNT AND KIND MATERIAL USED 7000 GALS 28%

28. PRODUCTION

Table with 8 columns: Date First Production, Production Method, Well Status, Date of Test, Hours Tested, Choke Size, Prod'n For Test Period, Oil - Bbl., Gas - MCF, Water - Bbl., Gas - Oil Ratio, Flow Tubing Press., Casing Pressure, Calculated 24-Hour Rate, Oil - Bbl., Gas - MCF, Water - Bbl., Oil Gravity - API (Corr.).

29. Disposition of Gas (Sold, used for fuel, vented, etc.) SOLD Test Witnessed By

30. List Attachments DEVIATION SURVEY

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature J.K. Ripley Printed Name J. K. RIPLEY Title REGULATORY O.A. Date 9/10/99



**State of New Mexico**  
**Energy, Minerals and Natural**  
**Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**  
**Change of Operator**

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**Previous Operator Information**

**New Operator Information**

Effective Date:	Effective on the date of approval by the OCD	
OGRID:	5380	OGRID: 330679
Name:	XTO ENERGY, INC	Name: Empire New Mexico LLC
Address:	6401 Holiday Hill Road	Address: 2200 S. Utica Place
	Building #5	Suite 150
City, State, Zip:	Midland, TX 79707	City, State, Zip: Tulsa, OK 74114

I hereby certify that the rules of the Oil Conservation Division ("OCD") have been complied with and that the information on this form and the certified list of wells is true to the best of my knowledge and belief.

Additionally, by signing below, Empire New Mexico LLC certifies that it has read and understands the following synopsis of applicable rules.

PREVIOUS OPERATOR certifies that all below-grade tanks constructed and installed prior to June 16, 2008 associated with the selected wells being transferred are either (1) in compliance with 19.15.17 NMAC, (2) have been closed pursuant to 19.15.17.13 NMAC or (3) have been retrofitted to comply with Paragraphs 1 through 4 of 19.15.17.11(l) NMAC.

**Empire New Mexico LLC understands that the OCD's approval of this operator change:**

1. constitutes approval of the transfer of the permit for any permitted pit, below-grade tank or closed-loop system associated with the selected wells; and
2. constitutes approval of the transfer of any below-grade tanks constructed and installed prior to June 16, 2008 associated with the selected wells, regardless of whether the transferor has disclosed the existence of those below-grade tanks to the transferee or to the OCD, and regardless of whether the below-grade tanks are in compliance with 19.15.17 NMAC.

*Note -- This Form C-145 applies to both the Monument State Well No. 2 and Well No. 3*

*Jim Bruce*

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I PO Box 1980, Hobbs, NM 88241-1980
DISTRICT II PO Drawer DD, Artesia, NM 88211-0719
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

WELL API NO. 30-025-34364
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. 23178
7. Lease Name or Unit Agreement Name INDIANA "1"
8. Well No. 1
9. Pool name or Wildcat Goodwin, Abo 23179

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 [X] GAS WELL [ ] OTHER [ ]
2. Name of Operator SAHARA OPERATING COMPANY
3. Address of Operator P.O. Box 4130, Midland, Texas 79704
4. Well Location Unit Letter G : 1682 Feet From The North Line and 1975 Feet From The East Line
Section 1 Township 19 South Range 36 East NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3751' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [X] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER: [ ]

- 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103
8/19/99 RU Freemeyer and acidize dn tbg w/750 gals 15% HCL acid w/36 balls. Balled out. Surge off balls, finish trtmnt. Swab back load.
8/20/99 Kill well w/2% KCL. POH w/tbg & pkr. RU WL & set RBP @ 7455' Dmp 1 sk snd on top. TIH w/tbg OE.
8/23/99 Spot 300 gals 15% HCL on btm. POH w/tbg. RU WL & perf 7276-7582', 7284-88, 7292-95, 7297-7302', 7307-12', 7315-22', 7326-30', 7336-42', 7353-60', 7369-73', 7378-90', 7404-12', 7429-41', 7446-47'. SDON. TIH w/pkr & tbg. Set pkr @ 7177', swab dn, RU Freemeyer & Az w/500 gals 15% HCL. Swab back load, SDON.
8/24/99 RU Freemeyer & Az w/5000 gals 15% HCL & 175 balls. Swab back load.
8/25/99 SITP 520#. Flwd well dn. Unset pkr, TIH, washed sand & balls off RBP, caught RBP & POH. LD Tools, TIH w/MA, PS, SN TAC & 115 stds tbg. ND BOP, NU WH, RIH w/GA & 2.5 x 1.5 x 20' RWBC pmp on 112-3/4", 85-7/8", 82-1" rods. Started well pumping. Rig down & release pulling unit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE President DATE 3-15-99
TYPE OR PRINT NAME Robert McAlpine TELEPHONE NO 1-915-697-0967

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:
IC Released to Imaging: 1/12/2022 12:49:14 PM

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**  
PO Box 2088  
Santa Fe, NM 87504-2088

**DISTRICT I**  
PO Box 1980, Hobbs, NM 88241-1980  
**DISTRICT II**  
PO Drawer DD, Artesia, NM 88211-0719  
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-34364-34476
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	23178

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name INDIANA "1"
2. Name of Operator SAHARA OPERATING COMPANY	8. Well No. 2
3. Address of Operator P.O. Box 4130, Midland, Texas 79704	9. Pool name or Wildcat Goodwin, Abo <del>23178</del>
4. Well Location Unit Letter <u>Lot 2</u> : <u>744</u> Feet From The <u>North</u> Line and <u>1653</u> Feet From The <u>East</u> Line Section <u>1</u> Township <u>19 South</u> Range <u>36 East</u> NMPM <u>Lea</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3744' KB	

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

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>		
PERFORM REMEDIAL WORK <input 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Stuffing Box Leak</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103

1-21-00 Seal ring on polished rod liner blew out. Approximately 2 bbls oil spilled, all contained on well location. Cleaned up spill and disposed of oily dirt.

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

SIGNATURE [Signature] TITLE President DATE 1-21-00

TYPE OR PRINT NAME Robert McAlpine TELEPHONE NO. 1-915-697-0967

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS OCD

WELL API NO. 30-025-34560
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Monument 36 State
8. Well Number 1
9. OGRID Number 005380
10. Pool name or Wildcat Goodwin; ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3739'

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  Gas Well  Other

2. Name of Operator  
XTO Energy, Inc

3. Address of Operator  
6401 Holiday Hill, Rd #5  
Midland, Tx 79707

4. Well Location  
Unit Letter P : 384 feet from the South line and 1216 feet from the East line  
Section 36 Township 18S Range 36E NMPM County Lea

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: TA Extention <input checked="" type="checkbox"/>		OTHER: <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.

XTO Energy, Inc. respectfully submits a MIT chart as requested previously by the NMOCD for the TA extension approval.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 11-13-20  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: X F

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

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

SIGNATURE Cassie Evans TITLE Regulatory Analyst DATE 11/15/2019

Type or print name Cassie Evans E-mail address: cassie.evans@xtoenergy.com PHONE: 432.218.6371

For State Use Only

APPROVED BY: Kerry Forker TITLE C.O. DATE 12-20-19  
Conditions of Approval (if any):