

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

WELL API NO.  
30-015-44387

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Corral Canyon 16 State SWD

8. Well Number 1

9. OGRID Number  
005380

10. Pool name or Wildcat  
Devonian

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 ☐ NM OIL CONSERVATION

2. Name of Operator  
XTO ENERGY, INC ARTESIA DISTRICT

3. Address of Operator  
6401 Holiday Hill Road, Midland, TX 79707 AUG 07 2018

4. Well Location  
Unit Letter D : 990' feet from the North line and 1280' feet from the West line  
Section 16 Township 25S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3006'

12. 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 ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: Casing/Cement Program ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
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.

XTO Energy Inc. requests permission to revise the casing & cement design per the 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 Kelly Kardos TITLE Regulatory Coordinator DATE 8/03/18

Type or print name Kelly Kardos E-mail address: kelly\_kardos@xtoenergy.com PHONE: 432-620-4374

For State Use Only

APPROVED BY: Raymond R. Paday TITLE Geologist DATE 8-7-18  
Conditions of Approval (if any):

# Corral Canyon 16 State SWD #1

Proposed SWD Schematic (Aug 1, 2018)

County: Eddy  
SHL: 990' FNL, 1280' FWL  
Sec 16, T 25S, R 29E

BHL: 990' FNL, 1280' FWL  
Sec 16, T 25S, R 29E



AFE #  
XTO ID #

API # 30-015-44387  
Elevation 3006'  
Rig: TBD (RKB -32')

<u>Geology</u>	<u>Casing &amp; Cement</u>	<u>Wellhead</u>	<u>Hole Size</u>	<u>General Notes</u>
<i>TVD</i>			24"	
467' Rustler	<u>Lead (100% OH excess)</u> 850 sx 13.5ppg Poz/C Top of Lead @ 0'  <u>Tail (100% OH excess)</u> 485 sx 14.8ppg class C Top of Tail @ 600'			
	* 18-5/8" 87.5# J-55 BTC		850' MD	
893' Top Salt	<u>Lead (100% OH excess)</u> 2020 sx 12.8ppg Poz/Class C Top of Lead @ 0'  <u>Tail (100% OH excess)</u> 760 sx 14.8ppg Class C Top of Tail @ 2275'		17-1/2"	
2,741' Base Salt	13-3/8" 68# J-55 BTC		2947' MD	
2,991' Delaware			12-1/4"	
	<u>Stg 1 Lead (100% OH excess)</u> 2320 sx 12.9ppg Poz/H Top of Lead @ 2500'			
6,729' Bone Spring	<u>Stg 1 Tail (100% OH excess)</u> 490 sx 14.4ppg Poz/H Top of Tail @ 9500'			
9,923' Wolfcamp			TOL @ 10200'	
10,383' Wolfcamp B	* 9-5/8" 53.5# P-110 BTC		10425' MD *	
11,789' Cisco			8-1/2" *	
12,327' Strawn				
12,521' Atoka	<u>Tail (75% OH excess)</u> 1035 sx 14.5ppg Poz/H Top of Tail @ 10200'			
13,121' Morrow				
14,131' Barnett				
14,571' Mississippian				
14,923' Woodford				
15,081' Devonian	7" 32# P-110 BTC		15100' MD	
15,796' Fusselman			6"	
16,240' Montoya	Open Hole to TD	16190' MD *		

Approvals (not required for planning schematics)

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_