

Submit a 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

| | | |
|--|--|---|
| 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.) | | WELL API NO. 30-015-47448 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator XTO Energy, Inc. | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 64001 Holiday Hill rd BLDG #5, Midland TX 79707 | | 7. Lease Name or Unit Agreement Name Poker Lake Unit 21 Lincoln Fee SWD |
| 4. Well Location Unit Letter <u>O</u> : <u>370</u> feet from the <u>South</u> line and <u>1355</u> feet from the <u>East</u> line Section <u>21</u> Township <u>25S</u> Range <u>30E</u> NMPM County <u>Eddy</u> | | 8. Well Number #1 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3253' GR | | 9. OGRID Number 373075 |
| | | 10. Pool name or Wildcat SWD; Devonian-Silurian |

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

| | | | |
|--|--|--|--|
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/> | | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completion Sundry <input checked="" 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 PERMIAN OPERATING LLC respectfully submits this sundry notice to report the MIT Chart of the referenced well.

MIT Ran on 002/21/23 - it was goodSee MIT chart attached

Spud Date:

9/22/2020

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 Lead Regulatory Analyst DATE 04/25/23

Type or print name Cassie Evans E-mail address: cassie.evans@exxonmobil.com PHONE: 432.218.3671

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 3/3/23
 Conditions of Approval (if any):

DE000023

South District-Artesia

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

| | |
|--|-----------------------------------|
| Operator Name <i>XTO Permian</i> | API Number <i>30-015-47448</i> |
| Property Name <i>Poker Lake Unit 21 Lincoln Fee SWD</i> | Well No. <i>1</i> |

2. Surface Location

| | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-----------------------|
| UL - Lot <i>0</i> | Section <i>21</i> | Township <i>25S</i> | Range <i>30E</i> | Feet from <i>370</i> | N/S Line <i>S</i> | Feet From <i>1355</i> | E/W Line <i>E</i> | County <i>Eddy</i> |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|--------------------------|----------------------|-----------------------|

Well Status

| | | | | | |
|------------------|----------------|-----------------|-----------------|-----|--------------------------|
| TA'D WELL YES | SHUT-IN YES | INJECTOR INJ | PRODUCER OIL | GAS | DATE <i>2/22/2023</i> |
| <i>(NO)</i> | <i>(NO)</i> | <i>(SWD)</i> | | | |

OBSERVED DATA

| | (A) Surface | (B) Interm(1) | (C) Interm(2) | (D) Prod Csg | (E) Tubing |
|----------------------|----------------|----------------|---------------|----------------|--|
| Pressure | <i>0</i> | <i>0</i> | | <i>120</i> | <i>2192</i> |
| Flow Characteristics | | | | | |
| Puff | <i>(Y) / N</i> | <i>Y / (N)</i> | <i>Y / N</i> | <i>(Y) / N</i> | CO2 |
| Steady Flow | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / N</i> | <i>Y / (N)</i> | WTR <i>✓</i> |
| Surges | <i>Y / (N)</i> | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / (N)</i> | GAS |
| Down to nothing | <i>(Y) / N</i> | <i>(Y) / N</i> | <i>Y / N</i> | <i>(Y) / N</i> | Type of fluid injected for Waterflood if applies |
| Gas or Oil | <i>Y / (N)</i> | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / (N)</i> | |
| Water | <i>Y / (N)</i> | <i>Y / (N)</i> | <i>Y / N</i> | <i>Y / (N)</i> | |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

BHT-OK

| | |
|-----------------------------|---------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: | |
| Date: <i>2/22/2023</i> | Phone: |
| Witness: <i>[Signature]</i> | |

INSTRUCTIONS ON BACK OF THIS FORM

State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary

Todd E. Leahy, JD, PhD
Deputy Secretary

Adrienne Sandoval, Division Director
Oil Conservation Division



Date: 2/22/2023

API# 30-015-47448

A **Mechanical Integrity Test (M.I.T.)** was performed on, Well PLU 21 Lincoln 7ee SWD #1

☒ **M.I.T. is successful**, the original chart has been retained by the Operator on site. Send a **legible** scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, 7 to 10 days after postdating.

☐ **M.I.T. is unsuccessful**, the original chart is returned to the Operator. Repairs will be made; Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.
No expectation of extension should be construed because of this test.

☐ **M.I.T. for Temporary Abandonment**, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

☐ **M.I.T. is successful**, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

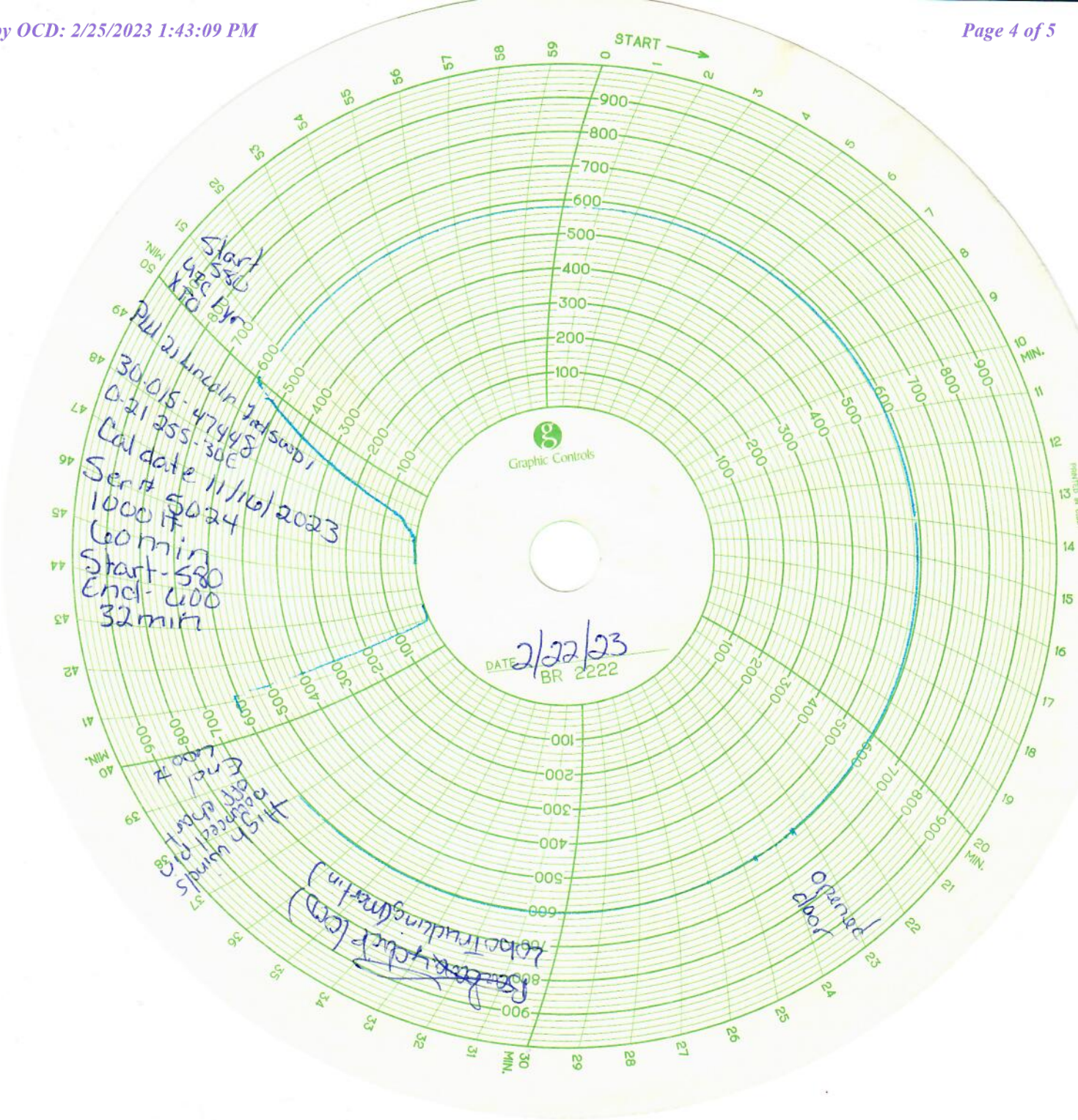
☐ **M.I.T. is successful**, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact me for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 626-0836

Thank You,

Barbara Lydick, Compliance Officer
EMNRD-O.C.D.
South District – Artesia, NM



District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
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Phone:(505) 476-3470 Fax:(505) 476-3462

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Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 190560

CONDITIONS

| | |
|--|--|
| Operator: XTO PERMIAN OPERATING LLC. 6401 HOLIDAY HILL ROAD MIDLAND, TX 79707 | OGRID: 373075 |
| | Action Number: 190560 |
| | Action Type: [C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

| Created By | Condition | Condition Date |
|------------|-----------|----------------|
| gcordero | None | 3/3/2023 |