

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

NMOCD-REC'D 11/05/2020 Form C-103  
Revised July 18, 2013

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

|   |
|---|
| WELL API NO.<br>30-015-44388  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>E058940010  |
| 7. Lease Name or Unit Agreement Name<br>Remuda Basin SWD  |
| 8. Well Number 001  |
| 9. OGRID Number<br>5380   |
| 10. Pool name or Wildcat<br>SWD; Devonian   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3061'   |

|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> SWD   |  |
| 2. Name of Operator<br>XTO Energy   |  |
| 3. Address of Operator<br>6401 Holiday Hill Rd. Bldg 5, Midland, TX 79707   |  |
| 4. Well Location<br>Unit Letter <u>O</u> : <u>1320</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line<br>Section <u>12</u> Township <u>25S</u> Range <u>29E</u> NMPM County <u>Eddy, NM</u> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3061'   |  |

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

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:  |  |
|--|---|--|--|
| 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: <input type="checkbox"/>                |   | OTHER: Completion Operations <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 Energy respectfully submits this sundry to report acidizing and completion of the referenced well.

05/26/19  
RIH w/chisel and break pkr disk.  
Pkr and tbq installed 09/19/18 during drilling operations.  
Perform formation injection test

05/27/19  
Acidize open hole disposal interval 15,075'- 16,150' using 20,00 gal 20% HCL  
Well shut in pending MIT

Denied straighten out C 103 and C 104 errors  
NMOCD DS 11-18-2020

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 Tracie J. Cherry TITLE Regulatory Coordinator DATE 11/05/20

Type or print name Tracie J. Cherry E-mail address: tracie\_cherry@xtoenergy.com PHONE: 432-221-7379

**For State Use Only**

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

Conditions of Approval (if any):