

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

Rec'd 04/27/2020 - NMOCD

Form C-103  
 Revised July 18, 2013

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

<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.)		WELL API NO. 30-015-44392
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO ENERGY, INC.		6. State Oil & Gas Lease No.
3. Address of Operator 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707		7. Lease Name or Unit Agreement Name REMUDA SOUTH 25 STATE
4. Well Location Unit Letter <u>G</u> : <u>2280</u> feet from the <u>NORTH</u> line and <u>1965</u> feet from the <u>EAST</u> line Section <u>25</u> Township <u>23S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number <u>126H</u>
11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> ) 3061' GL		9. OGRID Number 005380
10. Pool name or Wildcat Purple Sage; Wolfcamp		

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: COMPLETIONS SUNDRY <input checked="" type="checkbox"/>	
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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 the completion operations of the referenced well.

11/25/19 PBTD = 18596

12/18/19 Run RCB/GR/CCL

01/10/19 Pressure test 5.5 in. csg to 7350, 30 mins (good test). Open sleeve

1/13/20 TO 3/27/20 Conduct perf and stimulations operations from 11,409 to 18,462 ft, 48 stages, 2260 shots, using 386,720 bbls fluid and 17,665,796 lbs proppant

4/3/20 Set packer @ 10,256 ft., Tubing set @ 10,274.

4/9/20 Burst Disc

Waiting on flowback.

Spud Date:  Rig Release Date:

**Missing Casing/Cement Job reports in Well Files**

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

SIGNATURE Cheryl Rowell TITLE Regulatory Coordinator DATE 4/27/20

Type or print name Cheryl Rowell E-mail address: cheryl\_rowell@xtoenergy.com PHONE: 432-518-5734

**For State Use Only**

APPROVED BY: Gilbert Cordero TITLE Staff MGR DATE 4/28/2020  
 Conditions of Approval (if any):