

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

EMNRD-OCDA ARTESIA Form C-103
 REC'D: 4/27/2020 Revised July 18, 2013

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

WELL API NO. 30-015-44356
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 REMUDA SOUTH 25 STATE
8. Well Number 125H
9. OGRID Number 005380
10. Pool name or Wildcat Purple Sage; Wolfcamp
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 3061' GL

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, BLDG 5, MIDLAND TX 79707

4. Well Location
 Unit Letter G : 2280 feet from the NORTH line and 2025 feet from the EAST line
 Section 25 Township 23S Range 29E NMPM County EDDY

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 checked="" type="checkbox"/> OTHER: <input 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 SUBMITS THIS SUNDRY AS NOTICE OF COMPLETED DRILLING OPERATION ON THE REFERENCED WELL.

Spud well 09/19/19

09/19/19 TO 09/21/19

Drill 20" hole, TD at 355'. Run 16", J-55, 75#/ft casing from surface to 355'. Cement casing to surface with 610 sxs Class C cement. Circ 35 bbls to surface. WOC. Test 16" csg to 1500 psi for 30 minutes (good test).

09/21/19 to 09/25/19

Drill 14-3/4" hole to 3149'. Run 11-3/4", J-55, 54#/ft casing from surface to 3149'. Cement casing with 2252 sxs FlowLok cmt. Bump plug. Circ 225 bbls cmt to surface. Test 11-3/4" csg to 1500 psi for 30 minutes (good test).

9/25/19 to 10/1/19

Drill 10-5/8" hole to 7533'. Run 8-5/8" inch, J-55, 32#/ft casing from surface to 7550'. Cement casing in two stages. DV tool set at 3214 ft. Stage 1: 895 sxs Class C 50/50 POZ lead cmt and 390 sxs Class H 35/65 POZ tail cement. Bump plug. Lost circ. Open DV tool. Pump Stage 2: 550 sxs Class C 50/50 POZ cmt and 110 sxs Class C cmt. (Total 1945 sxs cmt) Bump plug. Circ. 136 bbls cmt to surface. WOC. Test 8-5/8" csg to 1500 psi for 30 minutes (good test) KOP = 10000'

10/2/19 to 10/17/19

Drill 7-7/8" hole to 18306'. Run 5-1/2" CYP110, 20#/ft casing from surface to 18306'. Cement casing with 125 sxs POZ PM Scavenger followed by 520 sxs Scavenger and 435 sxs Nine Lite followed by 1300 sxs 35/64 Poz H. (Total 2410 sxs cmt) Bump plug. ETOC = 5027'.

Rig Release at 10/17/19.

Spud Date:

Rig Release Date:

**** NMAC Rules: 19.15.7.11 & 19.15.7.14 C&D;**
 Within 10 days following the commencement of drilling operations, the operator shall file a report of casing and cement test within 10 days following the setting of each string of casing or liner.

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 8/31/19

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

For State Use Only

APPROVED BY: DATE gc 5/1/2020

Conditions of Approval (if any):