

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 05/20/2020 - NMOCD

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-015-46301
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 NORTH 25 STATE
8. Well Number 908H
9. OGRID Number 005380
10. Pool name or Wildcat Forth-Niner Ridge; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3076' 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
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 <u>I</u> : <u>2379</u> feet from the <u>SOUTH</u> line and <u>615</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>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3076' GL	

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: COMPLETIONS 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

\*\*\*\*RECORD CLEANUP, CORRECTED PERFS\*\*\*\*

XTO Energy Inc. respectfully submits the completion operations of the referenced well.

12/12/19 PBTD = 17,763  
12/13/19 Run RCB/GR/CCL  
1/2/20 Pressure test 5.5 in. csg to 8590, 30 mins (good test). Open sleeve  
1/25/20 to 2/13/20 Conduct perf and stimulations operations from 12539-12964, 13571-13734, 15155 -15266, and 15665-17,627 ft, 25 stages, 578 shots, using 253,926 bbls fluid and 12,256,119 lbs proppant  
2/19/20 to 2/20/20 Drill out plugs  
3/2/20 Set packer @ 9700 ft.  
3/12/20 Run 2-7/8 tubing @ 9695 ft.  
3/15/20 Burst disc.  
Waiting on flowback.

gc 5/20/2020

Accepted for record – NMOCD

Spud Date: 10/17/19

Rig Release Date: 11/15/19

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 5/20/20  
Type or print name Cheryl Rowell E-mail address: cheryl\_rowell@xtoenergy.com PHONE: 432-218-3754  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_