

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: 09/04/2020

Form C-103  
Revised July 18, 2013

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

|   |
|---|
| WELL API NO.<br>30-015-47117  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Remuda South 25 State                                       |
| 8. Well Number 701H   |
| 9. OGRID Number<br>005380   |
| 10. Pool name or Wildcat<br>Forty Niner Ridge Bone Spring, West                                     |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3065' GL                                      |

|  |  |
|--|--|
| 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>   |  |
| 2. Name of Operator<br>XTO Energy, Inc.  |  |
| 3. Address of Operator<br>6401 Holiday Hill Road, Bldg 5 Midland, Texas 79707  |  |
| 4. Well Location<br>Unit Letter <u>E</u> : <u>2354</u> feet from the <u>North</u> line and <u>630</u> feet from the <u>West</u> line<br>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.)<br>3065' 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 checked="" type="checkbox"/> |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |   |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |   |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: <input 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.

07/15-7/21/2020: Drill 14-3/4" hole to 3138'. Run 11-3/4" 54# J-55 BTC casing to 3134'. Cement w/2140sx (530bbls) CI H. No returns. Run TS. TOC: 250'. Perform 1" top off job with 93sx (23bbls) CI C. Cmt to surf. Run CBL.  
07/22/2020: Install TA cap. Rig release to next well on pad. Pressure test to be performed when returning after analyzing well.  
08/29/2020: Pressure test intermediate 1 casing to 1500psi for 30 minutes. Good test.

Entered - KMS NMOCD

Spud Date:

07/13/2020

Rig Release Date:

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

SIGNATURE

Stephanie Rabadue

TITLE Regulatory Supervisor

DATE 08/29/2020

Type or print name Stephanie Rabadue

E-mail address: stephanierabadue@xtoenergy.com

PHONE: 432-620-6714

For State Use Only

APPROVED BY:

[Signature]

TITLE

Staff Manager

DATE 9/11/2020

Conditions of Approval (if any):