

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: 10/16/2020

Form C-103

Revised July 18, 2013

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

WELL API NO. 30-015-47448
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Poker Lake Unit 21 Lincoln Fee SWD
8. Well Number 1
9. OGRID Number 373075
10. Pool name or Wildcat SWD; Devonian-Silurian

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator XTO Permian Operating LLC	
3. Address of Operator 6401 Holiday Hill Rd, Bldg 5, Houston, Tx 79707	
4. Well Location Unit Letter <u>O</u> : <u>370</u> feet from the <u>South</u> line and <u>1355</u> feet from the <u>East</u> line Section <u>21</u> Township <u>25S</u> Range <u>30E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3253	

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 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

2<sup>nd</sup> Intermediate Csg  
9/29/20 Pressure test 13-3/8" csg to 1500 psi, 30 mins (good test).

9/29/20 to 10/10/20 Drill 12-1/4" hole to 11335'

10/11/20 Run 9-5/8", 53.5#, HCP110 csg to 11271'

10/11/20 Cement with 2305 sxs, 1383 bbls, 3.32 yld, CPT Trident cmt  
followed by 255 sxs, 54 bbls, 1.18 yld, Class C cmt  
Bump plug.  
Cement to surface = 769 bbls.

10/12/20 Pressure test 9-5/8" csg to 2770 psi, 30 mins (good test).

Spud Date: 9/22/20 Rig Release Date:

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 10/16/20  
Type or print name Cheryl Rowell E-mail address: cheryl\_rowell@xtoenergy.com PHONE: 432-218-3754  
**For State Use Only**

APPROVED BY: [Signature] TITLE Staff Manager DATE 10/28/2020  
Conditions of Approval (if any):