

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

Form C-103  
 Revised July 18, 2013

<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. 30-015-44252
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input 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>K</u> : <u>2280</u> feet from the <u>SOUTH</u> line and <u>1905</u> feet from the <u>WEST</u> line Section <u>25</u> Township <u>23S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number 904H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3075' GL		9. OGRID Number 005380
		10. Pool name or Wildcat FORTY-NINER RIDGE;BONE SPRING

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: COMPLETION OPERATIONS <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 respectfully submits this sundry notice of completion operations and first oil on the referenced well.

08/18/2018 to 08/23/2018 MIRU. PT csg to 5900 psi, 30 min (good). Open sleeve. RDMO.

09/03/2018 to 10/02/2018

Frac well in 39 stages using a total of 18885035 lbs proppant, 41000 gals of acid, and 15544687 gals of slickwater. Prep for flowback.

First Oil: 12/10/18

Spud Date: 02/21/2018 Rig Release Date: 03/17/2018

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 12/14/2018

Type or print name Cheryl Rowell E-mail address: cheryl\_rowell@xtoenergy.com PHONE: 432-571-8205

**For State Use Only**

APPROVED BY: Jaren Sharp TITLE Staff Mgr DATE 5-2-19  
 Conditions of Approval (if any):