

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

OCD – Artesia – REC'D 5/4/2020 Form C-103
 Revised July 18, 2013

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

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.)		WELL API NO. 30-015-36200
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 PERMIAN OPERATING LLC		6. State Oil & Gas Lease No. 49107
3. Address of Operator 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707		7. Lease Name or Unit Agreement Name Horned Toad 36 State
4. Well Location Unit Letter <u>G</u> : <u>1881</u> feet from the <u>NORTH</u> line and <u>2225</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number 3H
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>)		9. OGRID Number 373075
		10. Pool name or Wildcat Nash Draw (Delaware/BS/Avalon SD)

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 checked="" type="checkbox"/> CASING/CEMENT JOB <input 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 respectfully submits the following plug and abandon summary.

04/28/20
 RIH set CIBP @ 5550'. Spot 40 sxs Class C. WOC. Tag TOC @ 5510'. PT to 500 psi.

04/29/20
 PUH, Spot 185 sxs CMT @ 3350'. WOC.
 Tag TOC @ 1500', Perf 1100', Establish rate, pressured up. (Gilbert Cordero @ NMOCD approved) WOC.
 Unset & POH w/ pkr. TIH, spotted 40 sxs cmt 1156-761'. TOH, WOC

04/30/20
 Tag TOC @ 775', (Gilbert Cordero @ NMOCD approved), Perf 60', POH, RIH set pkr @ 30', Establish rate. Circ out 9-5/8. ND BOP, NU flange. Circ 35 sxs 60' to surface inside & out 9-5/8 – 5-1/2. RDMO.
 Well PA'd 04/30/20

Spud Date: Rig Release Date:

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

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 05/04/2020
 Type or print name Cheryl Rowell E-mail address: cheryl_rowell@xtoenergy.com PHONE: 432-218-5734

For State Use Only

APPROVED BY: Gilbert Cordero TITLE Staff MGR DATE 5/7/2020
 Conditions of Approval (if any):