

03/03/31 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
 EMNRD-OCD ARTESIA Form C-103
 REC'D: 7/20/2020 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. 30-015-46334
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. E052290011
3. Address of Operator 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707		7. Lease Name or Unit Agreement Name LOS MEDANOS 36-23-30
4. Well Location Unit Letter <u>O</u> : <u>348</u> feet from the <u>SOUTH</u> line and <u>1931</u> feet from the <u>EAST</u> line Section <u>36</u> Township <u>23S</u> Range <u>30E</u> NMPM County <u>EDDY</u>		8. Well Number 708H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3401 GL		9. OGRID Number 373075
10. Pool name or Wildcat WC-015 G-06 S233036D; BONE SPRING		

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Completion Operations <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

XTO respectfully submits this sundry notice of completion operations and first oil on the referenced well.

1/16/20 PBTD = 14938

3/4/20 Run RCB/GR/CCL

3/12/20 MIRU, Test 5.5 in. csg to 7,600 psi for 30 mins, good. Open sleeve.

3/20/20 – 3/31/20 Conduct perf and frac operations. 10,452' -14,800'. Total 23 stages, 523 shots. Frac with 224,430 bbls fluid and 11,137,387 lbs proppant.

4/4/20 Set packer 9,355'

4/14/20 Run 2-7/8" tbg to 9,359'. Burst disc.

Waiting on flowback.

Spud Date: 12/18/19 Rig Release Date: 1/16/20

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 06/09/20

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 7/21/2020
 Conditions of Approval (if any): Entered - KMS NMOCD