District II       1625 N. French Dr., Hobbs, NM 88240       Energy, Minerals & Natural Resources 1 2017       Revised October 1         District II       1301 W. Grand Avenue, Artesia, NM 88210       OIL CONSERVATION DIVISION EIVED       Submit to Appropriate District         District III       1220 South St. Francis Dr.       State Lease - 4         1000 Rio Brazos Rd., Aztec, NM 87410       N       Santa Fe, NM 87505	t Office Copies Copies EPORT		
1301 W. Grand Avenue, Artesia, NM 88210       OIL CONSERVATION DIVISIONELVED       Submit to Appropriate Distriction State Lease - 4         District III       1220 South St. Francis Dr.       Santa Fe, NM 87505       State Lease - 4         District IV       Santa Fe, NM 87505       AMENDED R         1220 S. St. Francis Dr., Santa Fe, NM 87505       AMENDED R         WELL LOCATION AND ACREAGE DEDICATION PLAT       AMENDED R         1 API Number       2 Pool Code       3 Pool Name         3 Property Code       6 Well Number       6 Well Number         70GRID No.       8 Operator Name       9 Elevation         100 rot no.       Section       Township       Range       Lot. Idn       Feet from the       East/West line         UL or lot no.       Section       Township       Range       Lot. Idn       Feet from the       East/West line	Copies Copies EPORT		
District IV         1220 S. St. Francis Dr., Santa Fe, NM 87505	r		
<sup>1</sup> API Number <sup>2</sup> Pool Code <sup>3</sup> Pool Name       30 - 0/6 - 3)391 <sup>4</sup> Property Code     Property Name     Property Name <sup>6</sup> Well Number <sup>4</sup> Property Code <sup>6</sup> Not Code <sup>6</sup> Well Number <sup>6</sup> Well Number <sup>7</sup> OGRID No. <sup>8</sup> Operator Name <sup>9</sup> Elevation <sup>7</sup> OGRID No. <sup>8</sup> Operator Name <sup>9</sup> Elevation <sup>7</sup> OGRID No. <sup>8</sup> Operator Name <sup>9</sup> Elevation <sup>10</sup> Surface Location <sup>10</sup> Surface Location       UL or lot no.     Section     Township       G     31     2485       31     2485			
30-045-31391     Property Code <sup>4</sup> Property Code <sup>5</sup> Property Name <sup>7</sup> OGRID No. <sup>8</sup> Operator Name       70GRID No. <sup>8</sup> Operator Name       005385     X*to       Elevation       005385       VL or lot no.       Section       Township       Range       Lot. Idn       Feet from the       South       1570       Elevation			
<sup>4</sup> Property Code <sup>5</sup> Property Name <sup>6</sup> Well Number         ROSS       Drui<			
TOGRID No.       8 Operator Name       9 Elevation         OO5335       XTD       EDP (C)1, IDC.       P105         10 Surface Location         UL or lot no.       Section       Township       Range       Lot. Idn       Feet from the       East/West line         G       31       248       37.6.       UL with 0       South 1570       EOSt       ECdd	County		
<sup>10</sup> Surface Location       UL or lot no.     Section     Township     Range     Lot. Idn     Feet from the     North/South line     Feet from the     East/West line       G     31     2485     342     4460     50440     1570     6054     6064	County		
UL or lot no. Section Township Range Lot. Idn Feet from the North/South line Feet from the East/West line G 31 248 376. 4460 50440 1570 EOSt Edde	County		
UL or lot no. Section Township Range Lot. Idn Feet from the North/South line Feet from the East/West line G 31 248 376. 4460 50440 1570 EOSt Edde			
	لــــــــ		
11 Pottom Uple Logation If Different From Synfron			
Bottom Hole Location II Different From Surface			
UL or lot no. Section Township Range Lot. Idn Feet from the North/South line Feet from the East/West line	County		
<sup>12</sup> Dedicated Acres <sup>13</sup> Joint or Infill <sup>14</sup> Consolidation Code <sup>15</sup> Order No.			
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED			
16 17 OPERATOR CERTIFICATION 1 hereby certify that the information contained herein in complete to the best of my knowledge and belief, and the organization either owns a working interest or unlease interest in the land including the proposed bottom hold or has a right to drill this well at this location pursuant contract with an owner of such a mineral or working in to a voluntary pooling agreement or a compulsory pooling 16 17 OPERATOR CERTIFICATION 17 DPERATOR CERTIFICATION 16 17 DPERATOR CERTIFICATION 17 DPERATOR CERTIFICATION 17 DPERATOR CERTIFICATION 17 DPERATOR CERTIFICATION 17 DPERATOR CERTIFICATION 18 hereby certify that the information contained herein in complete to the best of my knowledge and belief, and the organization either owns a working interest or unlease interest in the land including the proposed bottom hold or has a right to drill this well at this location pursuant contract with an owner of such a mineral or working in to a voluntary pooling agreement or a compulsory pooling 17 DPERATOR CERTIFICATION 18 hereby certify that the information contained herein in 19 hereby certify that the information contained hereby certify that the information certify the information certify the information cer	s true and hat this d mineral location to a hterest, or		
NM heretofore entered by the division. heretofore entered by the division. Automate Raticity J- Signature Date Heretofore entered by the division. Automate Raticity J- Signature Date Heretofore entered by the division. Automate Raticity J- Printed Name Heretofore entered by the division. Automate Raticity J- Printed Name Heretofore entered by the division.	nature Patricice D-346.17		
TX <sup>18</sup> SURVEYOR CERTIFICAT I hereby certify that the well location shown on this plu was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.	nt .		
Date of Survey Signature and Seal of Professional Surveyer: Certificate Number			

	NM OIL CONSERVATION ARTESIA DISTRICT						
	UNITED STATES EPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMENT NOTICES AND REPORTS ON WE is form for proposals to drill or to re-		MAR 0 1 2017 ELLS RECEIVED		FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. NMNM17225A		
SUNDRY							
abandoned w	6. If Indian, Allottee or Tribe Name						
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well Oil Well Sas Well Other					8. Well Name and No. ROSS DRAW 31 FEDERAL COM 1		
2. Name of Operator XTO ENERGY, INC	Contact: S E-Mail: stephanie_r		energy.com		9. API Well No. 30-015-31391		
3a. Address 500 W. ILLINOIS ST STE 10 MIDLAND, TX 79701	o. (include area code) 20-6714		10. Field and Pool or Exploratory Area PURPLE SAGE; WOLFCAMP				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State		
Sec 31 T26S R30E Mer NMP 660FSL 1570FEL					EDDY COUNTY, NM		
12. CHECK THE A	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	Acidize	🗖 Dee	pen	Product	ion (Start/Resume)	Uwater Shut-Off	
□ Subsequent Report	Alter Casing		- · · ·		ation	U Well Integrity	
			v Construction 🖸 Recom				
Final Abandonment Notice	<ul> <li>Change Plans</li> <li>Convert to Injection</li> </ul>		g and Abandon 🔲 Tempor g Back 🔲 Water I		rarily Abandon Disposal		
13. Describe Proposed or Completed C If the proposal is to deepen directic Attach the Bond under which the w following completion of the involv testing has been completed. Final determined that the site is ready for XTO Energy, Inc respectfully Wolfcamp pursuant to NMO	nally or recomplete horizontally, g ork will be performed or provide t ed operations. If the operation rest Abandonment Notices must be file final inspection.	give subsurface the Bond No. o ults in a multip d only after all om Ross Dra	locations and measure n file with BLM/BIA le completion or reco requirements, includ	red and true ve . Required sul impletion in a 1 ing reclamation to Purple S	rtical depths of all pertind ssequent reports must be new interval, a Form 3160 n, have been completed a Sage;	ent markers and zones. filed within 30 days 0-4 must be filed once	
14. I hereby certify that the foregoing	Electronic Submission #3		d by the BLM Wel , sent to the Carl		n System		
Name (Printed/Typed) STEPHA	Title REGULATORY ANALYST						
Name (Printed/Typed) STEPHANIE RABADUE							
Signature (Electroni	c Submission)		Date 02/27/20				
	THIS SPACE FO		AL OR STATE (		SE 		
_Approved By		_	Title			Date	
Conditions of approval, if any, are attac certify that the applicant holds legal or o which would entitle the applicant to cor	Office						
Title 18 U.S.C. Section 1001 and Title 4 States any false, fictitious or frauduler				willfully to m	ake to any department or	agency of the United	

(Instructions on page 2) \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*