| Submit 1 Copy To Appropriate District Office   | State of New Mexico                    |                              | Form C-103                             |
|--|--|------------------------------|--|
| District I - (575) 393-6161  | Energy, Minerals and Natural Resources |                              | Revised July 18, 2013 WELL API NO.     |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> - (575) 748-1283   | OIL CONSERVATION DIVISION              |                              | 30-015-44327                           |
| 811 S. First St., Artesia, NM 88210<br><u>District III</u> – (505) 334-6178  | 1220 South St. Francis Dr.             |                              | 5. Indicate Type of Lease              |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> - (505) 476-3460  | Santa Fe, NM 87505                     |                              | STATE FEE 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |  |                              | o. State on the Gas Boast No.          |
| 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) ON FORMS ERVATION  7. Lease Name or Unit Agreement Name REMUDA NORTH 30 STATE PROPOSALS) |  |                              |  |
| 1. Type of Well: Oil Well  | Type of Well: Oil Well Gas Well Other  |                              | 8. Well Number 112H                    |
| 2. Name of Operator XTO ENERGY, INC.   | DEC 20 2018                            |                              | 9. OGRID Number<br>005380              |
| 3. Address of Operator   |  |                              | 10. Pool name or Wildcat               |
| 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707 RECEIVED  |  | WOLFCAMP W 015 6 05 5233031K |  |
| 4. Well Location   |  |                              |  |
| Unit Letter L3: 2280 feet from the SOUTH line and 645 feet from the WEST line  Section 30 Township 23S Range 30E NMPM County EDDY  |  |                              |  |
| Section 30 Township 23S Range 30E NMPM County EDDY  11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |                              |  |
| 3090' GL   |  |                              |  |
|  |  |                              |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |                              |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |  |                              |  |
| PERFORM REMEDIAL WORK  |  |                              |  |
| TEMPORARILY ABANDON  PULL OR ALTER CASING  |  |                              |  |
| DOWNHOLE COMMINGLE   | _                                      | 0.10.110.02.112.11           |  |
| CLOSED-LOOP SYSTEM  OTHER:   | П                                      | OTHER:                       | n                                      |
| 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 continued drilling operations of the subject well.  |  |                              |  |
| 11/30/2018 to 12/16/2018   |  |                              |  |
| MIRU. Drill 8-3/4 inch hole to 10688, drill 8-1/2 inch hole to well TD at 18509. Run 5-1/2 inch, 23#, HC-P110 casing set at 18509 ft. Cement casing with 2950 sxs Class H cmt. Bump plug. Circ cmt to surface.   |  |                              |  |
| D'- D-1 10/17/0010   |  |                              |  |
| Rig Release: 12/17/2018  |  |                              |  |
|  |  |                              |  |
|  | <u> </u>                               | <u></u>                      |  |
| Spud Date: 7/22/2018   | Rig Release D                          | ate: 12/17/2018              |  |
| L  |  | <u> </u>                     |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                              |  |
| A I  |  |                              |  |
| SIGNATURE COULL TITLE Regulatory Coordinator DATE 12/18/18   |  |                              |  |
| Type or print name Cheryl Rowell E-mail address: cheryl rowell@xtoenergy.com PHONE: 432-571-8205   |  |                              |  |
| For State Use Only   |  |                              |  |
| APPROVED BY: Kustur Vlin TITLE Business Op Splr A DATE 12-20-2018  |  |                              |  |
| Conditions of Approval (if any):   |  |                              |  |