Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	OIL CONSERVATION DIVISION	WELL API NO. 30-015-44326
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE   FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No. STATE
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	REMUDA NORTH 30 STATE
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well  Other	8. Well Number 702H
2. Name of Operator		9. OGRID Number
XTO ENERGY, INC 3. Address of Operator 6401 HOLIDAY HILL RD, BLDO	G 5. MIDLAND TX 79705	5380 10. Pool name or Wildcat FORTY NINER RIDGE BONE SPRING, WEST
4. Well Location		
Unit Letter L : 2310 feet from the SOUTH line and 660 feet from the WEST line  Section 30 Township 23S Range 30E NMPM County EDDY		
Section 30	11. Elevation (Show whether DR, RKB, RT, GR, etc.	County EDDY
3086' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM  OTHER: APD Ext	PLUG AND ABANDON   REMEDIAL WOR	RILLING OPNS. P AND A
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 Energy Inc, respectfu	ally requests a 24 month (2-year) extension to the appro	oved APD. RECEIVED
	Mo further extensions	JUN <b>0</b> 3 <b>5</b> °2019
	, ,	DISTRICT II-ARTESIA O.C.D.
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE A 2 2 2 COND TITLE Regulatory Coordinator DATE 05/30/19		
Type or print name Kelly Kardos E-mail address: kelly kardos@xtoenergy.com PHONE: 432-620-4374  For State Use Only		
APPROVED BY Jaken Sharp TITLE Staff Mar DATE 6-6-19 Conditions of Approval (if any):		
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