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 District II (575) 748-1283	OH CONGERNATION BRIGGON	30-015-44357
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	REMUDA South 25 STATE
	Gas Well 🗹 Other	8. Well Number 107H
Name of Operator     XTO ENERGY INC		9. OGRID Number 005380
3. Address of Operator		10. Pool name or Wildcat
6401 HOLIDAY HILL ROAD, BLD	OG 5, MIDLAND, TX 79707	Purple Sage;Wolfcamp
4. Well Location		
· ————————————————————————————————————	280 feet from the NORTH line and 705	feet from the EAST line
Section 25	Township 23S Range 29E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
	3093'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	TENTION TO:   SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI	<del>_</del>
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM  OTHER: APD extension	OTHER:	
	eted operations. (Clearly state all pertinent details, and	d 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 reco	empletion.	
XTO Energy Inc, respectfully red	quests a 1-year extension to the approved APD.	
		RECEIVED
		JUN 2 8 2019
		DISTRICTII-ARTESIAO.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 Kelly Kan	TITLE Regulatory Coordinator	DATE 6/20/19
SIGNATURE3	TITLE Regulatory Coordinator	DATE 0/20/19
Type or print name	E-mail address:	PHONE:
For State Use Only		
APPROVED BY: Raymond	The Greologist,	DATE 7-319
Conditions of Approval (Many):		