Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-44360
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 SUNDRY NOT	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A JICATION FOR PERMIT" (FORM C-101) FOR SUCH	REMUDA South 25 STATE
1. Type of Well: Oil Well	Gas Well 🗹 Other	8. Well Number 122H
Name of Operator XTO ENERGY INC		9. OGRID Number 005380
3. Address of Operator		10. Pool name or Wildcat
6401 HOLIDAY HILL ROAD, B	LDG 5, MIDLAND, TX 79707	Purple Sage;Wolfcamp
4. Well Location		
Unit Letter E	: 2280 feet from the NORTH line and 6	feet from the WEST line
Section 25	Township 23S Range 29E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, e	etc.)
	3062 GL	
12. Check	Appropriate Box to Indicate Nature of Notice	ce, Report or Other Data
NOTICE OF I	NTENTION TO: SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON		DRILLING OPNS. □ P AND A □
PULL OR ALTER CASING		_
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER: APD extension	pleted operations. (Clearly state all pertinent details,	and give portions dates, including estimated date
	vork). SEE RULE 19.15.7.14 NMAC. For Multiple	
proposed completion or re		completions. Tituen wendere diagram of
XTO Energy Inc, respectfully	requests a 1-year extension to the approved APD.	
	(RECEIVED
		JUN 2 8 2019
		DISTRICTII-ARTESIAO.C.D.
Spud Date:	Rig Release Date:	
I homely contifue that the information	shows is two and complete to the best of any broad	adan and hallaf
I nereby certify that the information	n above is true and complete to the best of my knowle	edge and belief.
SIGNATURE Kelly Ka	TITLE Regulatory Coordinate	tor DATE 6/20/19
Type or print name	E-mail address:	PHONE:
For State Use Only	D man address.	THOME.
		
APPROVED BY: Saymond Conditions of Approval (if any):	The Tolony TITLE Graologi 34	DATE 7-3-19