Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised July 18, 2013 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-44361 **OIL CONSERVATION DIVISION** 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE FEE  $\square$ 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. <u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH **REMUDA South 25 STATE** 8. Well Number 121H 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number XTO ENERGY INC 005380 3. Address of Operator 10. Pool name or Wildcat 6401 HOLIDAY HILL ROAD, BLDG 5, MIDLAND, TX 79707 Purple Sage; Wolfcamp 4. Well Location Unit Letter E : 2280 feet from the SOUTH line and 645 feet from the WEST line Range 29E Section Township 23S County Eddy **NMPM** 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3062 GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING □ **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS.□ P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB П DOWNHOLE COMMINGLE **CLOSED-LOOP SYSTEM**  $\Box$ OTHER: APD extension V OTHER: , 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, 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 hereby certify that the information above is true and complete to the best of my knowledge and belief. Kelly Kardos TITLE Regulatory Coordinator DATE 6/20/19 Type or print name E-mail address: PHONE: For State Use Only lang TITLE Greologist APPROVED BY Conditions of Approval (of any):