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			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-44392	
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410				FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease	No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
	CES AND REPORTS ON WELLS		7. Lease Name or Unit Ag	greement 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 STA	TE	
PROPOSALS.)			8. Well Number 126H	
	Gas Well 🗹 Other			
. 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 G : 2	feet from the NORTH	line and 196	55 feet from the EA	AST line
Section 25		nge 29E		y Eddy
	11. Elevation <i>(Show whether DR,</i>			
3061 GL				
				<u> </u>
12. Check A	ppropriate Box to Indicate N	ature of Notice,	Report or Other Data	
			SEQUENT REPORT	
				ING CASING
	CHANGE PLANS			A 🗌
PULL OR ALTER CASING 🔲 MULTIPLE COMPL 🗌 CASING/CEMENT JOB				
DOWNHOLE COMMINGLE		- - -		
CLOSED-LOOP SYSTEM				
OTHER: APD extension		OTHER:		
	eted operations. (Clearly state all p			
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.				
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				RECEMED
				JUN 28 2019
•			NETDI	
			PIOIUI	CTIL-ARTESIAO.C.D.
Spud Date:	Rig Release Da	te:		
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I hereby certify that the information a	bove is true and complete to the be	st of my knowledg	e and belief.	<u></u>
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v op ov	2			
SIGNATURE Kelly Kari	TITLE Regula	tory Coordinator	DATE 6/20)/19
Type or print name	E-mail address	:	PHONE:	
For State Use Only				
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APPROVED BY: Laymond & Jodany TITLE Grealog: 34 DATE 7-3-19				
Conditions of Approval (if any):				

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