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 District II – (575) 748-1283		WELL API NO. 30-015-44394
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	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION FOR PERMIT" (FORM C-101) FOR SUCH	REMUDA South 25 STATE
PROPOSALS.)	HON FOR FERWIT (FORM C-101) FOR SUCH	
	as Well 🗹 Other	8. Well Number 128H
2. Name of Operator		9. OGRID Number
XTO ENERGY INC 3. Address of Operator		005380 10. Pool name or Wildcat
6401 HOLIDAY HILL ROAD, BLDO	3.5 MIDLAND TY 70707	Purple Sage; Wolfcamp
4. Well Location	5 5, MIDEAND, 1X 19101	r dipic dage, volicamp
Unit Letter H : 2280 feet from the NORTH line and 645 feet from the EAST line		
Section 25	Township 23S Range 29E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3095 GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INT		BSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WO	<del>_</del>
<del></del>	<u> </u>	RILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEMEI	AL JOB []
CLOSED-LOOP SYSTEM		
OTHER: APD extension	OTHER:	П
	ted operations. (Clearly state all pertinent details, a	nd 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 requ	uests a 1-year extension to the approved APD.	
		RECEIVED
		JUN 2 8 2019
		0011 2
		DISTRICTII-ARTESIAO.C.D.
		Digitalotti / attende
Spud Date:	Rig Release Date:	
Spud Date.	Rig Release Date.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the miormation ab	ove is true and complete to the best of my knowled	ge and benef.
Kally Kara	24	
SIGNATURE Kelly Kard	TITLE Regulatory Coordinato	r DATE 6/20/19
_		•
Type or print name	E-mail address:	PHONE:
For State Use Only		
APPROVED BY: San mond 3	Solary TITLE Core ologist	DATE 7-3-19,
Conditions of Approval of any):		onto v o v v
<del></del> - <del></del>		