Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <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	30-015-44405 5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <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		
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAL	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)	ION FOR PERMIT" (FORM C-101) FOR SUCH	REMUDA South 30 STATE
1. Type of Well: Oil Well 🗹 Ga	s Well Other	8. Well Number 122H
2. Name of Operator		9. OGRID Number
XTO ENERGY INC		10. Pool name or Wildcat
3. Address of Operator 6401 HOLIDAY HILL ROAD, BLDG	5 MIDI AND TY 70707	Purple Sage; Wolfcamp
4. Well Location	5, MIDLAND, 1X 79707	Furple Sage, Wollcamp
Unit Letter E : 227	79 feet from the NORTH line and 67	75 feet from the WEST line
Section 30	Township 23S Range 30E	NMPM County Eddy
	1. Elevation (Show whether DR, RKB, RT, GR, etc.	
	108' GL	
12. Check App	propriate Box to Indicate Nature of Notice	e. Report or Other Data
• •		•
NOTICE OF INTE		BSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL WO	_
	_	RILLING OPNS. P AND A
	MULTIPLE COMPL	NI JOB
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER: APD extension	OTHER:	П
	ed operations. (Clearly state all pertinent details, a	and give pertinent dates, including estimated date
	SEE RULE 19.15.7.14 NMAC. For Multiple C	
proposed completion or recom	pletion.	
XTO Energy Inc, respectfully requ	ests a 1-year extension to the approved APD.	
		RECEIVED
	,	
		JUN 2 8 2019
		JOIN B O FOID
		DISTRICTII-ARTESIAO.C.D.
		DIGITIONITATION
Spud Date:	Rig Release Date:	· · · · · · · · · · · · · · · · · · ·
I hereby certify that the information about	ove is true and complete to the best of my knowled	lge and belief.
SIGNATURE Kelly Kard	20. TYPE Populator Coordinate	6/20/40
SIGNATURE Sterry Starter	TITLE Regulatory Coordinato	DATE 6/20/19
Type or print name	E-mail address:	PHONE:
For State Use Only	L-man addicss.	ITIONE.
		L 4-3 1
APPROVED BY ayour	W John TITLE (20/09/2)	DATE 7-3-19.
Conditions of Approval (if any):		