Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	N. French Dr., Hobbs, NM 88240 ict II – (575) 748-1283 S. First St., Artesia, NM 88210 ict III – (505) 334-6178 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO. 30-015-44394	Revised July 18, 2013
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Le	ease FEE
Source Santa Fe, NM 87505 District IV - (505) 476-3460 Santa Fe, NM 87505 87505			6. State Oil & Gas Lease No. STATE	
SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			7. Lease Name or Uni	t Agreement Name
			REMUDA SOUTH 25 STATE 8. Well Number	
2. Name of Operator			128H 9. OGRID Number	
XTO ENERGY, INC 3. Address of Operator			5380 10. Pool name or Wildcat	
6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79705			PURPLE SAGE; WOLFCA	
4. Well Location Unit Letter <u>H</u> : 2280	feet from the <u>NORTH</u> 1	ine and 645	feet from the EAST	line
	Downship 23S Range 29E 11. Elevation (Show whether DR,	NMPM	County EDDY	
12 Check A	ppropriate Box to Indicate Na	ature of Notice	Report or Other Dat	a
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON			SEQUENT REPOI	
DOWNHOLE COMMINGLE		OTHER:		
13. Describe proposed or compl	eted operations. (Clearly state all p k). SEE RULE 19.15.7.14 NMAC mpletion.	ertinent details, and	d give pertinent dates, in npletions: Attach wellb	cluding estimated date ore diagram of
XTO Energy, Inc requests permission	to make the following changes:	`		
Change well name from Remuda South 25 State 128H to Remuda South 25 State 908H.				
 Change formation from Purple Sage; Wolfcamp (Gas) to Forty-Nine Ridge; Bone Spring, West (Oil) Change BHL from 200'FSL & 330'FEL to 50'FSL & 330'FEL Change the drilling program per the attached procedure. 				
	per the attached procedure.		DIS	STRICT7/ARTESIAO.C.D.
Spud Date:	Rig Release Da	te:		
I hereby certify that the information a	bove is true and complete to the be	st of my knowledge	e and belief.	
SIGNATURE Heley Handes TITLE Regulatory Coordinator DATE 09/26/19				
Type or print name <u>Kelly Kardos</u> E-mail address: <u>kelly_kardos@xtoenergy.com</u> PHONE: <u>432-620-4374</u>				
APPROVED BY Juymond & Johnny TITLE Greolog ?? DATE 9-30-19 Conditions of Approval (ile any):				

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