

RECEIVED

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

NOV 13 2019

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

DISTRICT/ARTESIA/OCD

WELL API NO. 30-015-46256
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. STATE
7. Lease Name or Unit Agreement Name POKER LAKE UNIT 32 PLATY STATE SWD
8. Well Number 1
9. OGRID Number 373075
10. Pool name or Wildcat SWD, DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3245' GL

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 SWD

2. Name of Operator
XTO PERMIAN OPERATING, LLC

3. Address of Operator
6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79705

4. Well Location
Unit Letter M : 283 feet from the SOUTH line and 1151 feet from the WEST line
Section 32 Township 23S Range 30E NMPM County EDDY

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
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 Permian Operating, LLC requests permission to set the DV tool at 6,000' in the 9-5/8" casing.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kelly Kardos TITLE Regulatory Coordinator DATE 11/12/19

Type or print name Kelly Kardos E-mail address: kelly_kardos@xtoenergy.com PHONE: 432-620-4374

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

GC
11/13/19
Accepted for record - NMOCD