

Submit To Appropriate District Office Two Copies <b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 <b>District II</b> 811 S. First St., Artesia, NM 88210 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 <b>District IV</b> 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised April 3, 2017 1. WELL API NO. 30-015-44313 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No.																														
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>																																
4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)		5. Lease Name or Unit Agreement Name REMUDA NORTH 25 STATE 6. Well Number: <b>NM OIL CONSERVATION ARTESIA DISTRICT</b> 101H <div style="text-align: right; font-weight: bold;">DEC 17 2018</div>																														
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER		9. OGRID 005380 <b>RECEIVED</b>																														
8. Name of Operator XTO Energy Inc. 10. Address of Operator 1604 Holiday Hill Rd, Bldg 5 Midland, TX 79707		11. Pool name or Wildcat PURPLE SAGE; WOLFCAMP																														
12. Location <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Unit Ltr</th> <th>Section</th> <th>Township</th> <th>Range</th> <th>Lot</th> <th>Feet from the</th> <th>N/S Line</th> <th>Feet from the</th> <th>E/W Line</th> <th>County</th> </tr> <tr> <td>Surface:</td> <td>L</td> <td>25</td> <td>23S</td> <td>29E</td> <td>2280</td> <td>S</td> <td>615</td> <td>W</td> <td>EDDY</td> </tr> <tr> <td>BH:</td> <td>D</td> <td>24</td> <td>23S</td> <td>29E</td> <td>213</td> <td>N</td> <td>374</td> <td>W</td> <td>EDDY</td> </tr> </table>	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County	Surface:	L	25	23S	29E	2280	S	615	W	EDDY	BH:	D	24	23S	29E	213	N	374	W	EDDY	13. Date Spudded 5/16/18 14. Date T.D. Reached 5/30/18 15. Date Rig Released 6/3/18 16. Date Completed (Ready to Produce) 10/10/13 17. Elevations (DF and RKB, RT, GR, etc.)	
Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County																							
Surface:	L	25	23S	29E	2280	S	615	W	EDDY																							
BH:	D	24	23S	29E	213	N	374	W	EDDY																							
18. Total Measured Depth of Well 18213	19. Plug Back Measured Depth	20. Was Directional Survey Made? YES																														
21. Type Electric and Other Logs Run RCB/GR/CCL																																
22. Producing Interval(s), of this completion - Top, Bottom, Name 10785-18198 Wolfcamp																																
<b>23. CASING RECORD (Report all strings set in well)</b>																																
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED																											
13 3/8	54.5, J-55	335	17 1/2	530 SXS CLASS C																												
9 5/8	40, J-55	7504	12 1/4	4409 SXS CLASS C																												
5 1/2	17, CYP-110	18201	8 3/4 to 10740	2549 SXS CLASS C																												
			8 1/2 to 18213																													
<b>24. LINER RECORD</b>			<b>25. TUBING RECORD</b>																													
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	PACKER SET																											
					2 7/8    9501    9550																											
26. Perforation record (interval, size, and number) 10785-18198, 4 SPF, 2400 SHOTS			27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>10785-18198</td> <td>18353054 LBS PROPPANT</td> </tr> <tr> <td></td> <td>50400 GALS ACID</td> </tr> <tr> <td></td> <td>14323489 SLICKWATER</td> </tr> </table>			DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	10785-18198	18353054 LBS PROPPANT		50400 GALS ACID		14323489 SLICKWATER																			
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<b>28. PRODUCTION</b>																																
Date First Production 11/6/18		Production Method (Flowing, gas lift, pumping - Size and type pump) FLOWING		Well Status (Prod. or Shut-in) PRODUCING																												
Date of Test 11/12/18	Hours Tested 24	Choke Size 64/64	Prod'n For Test Period	Oil - Bbl 1803	Gas - MCF 3031																											
Flow Tubing Press. 900	Casing Pressure 1300	Calculated 24-Hour Rate	Oil - Bbl 1803	Gas - MCF 3031	Water - Bbl. 5134																											
29. Disposition of Gas (Sold, used for fuel, vented, etc.) SOLD			30. Test Witnessed By																													
31. List Attachments C-104, C-102, Directional Survey, RCB/GR/CCL																																
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.				33. Rig Release Date:																												
34. If an on-site burial was used at the well, report the exact location of the on-site burial:																																
Latitude _____ Longitude _____ NAD83																																
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief																																
Signature <i>Cheryl Rowell</i>		Printed Name		Title																												
E-mail Address <u>cheryl.rowell@xtoenergy.com</u>		Cheryl Rowell		Regulatory Coordinator																												
Date		12/6/18																														

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn A"
T. Salt 395	T. Strawn	T. Kirtland	T. Penn. "B"
B. Salt 3028	T. Atoka	T. Fruitland	T. Penn. "C"
T. Yates	T. Miss	T. Pictured Cliffs	T. Penn. "D"
T. 7 Rivers	T. Devonian	T. Cliff House	T. Leadville
T. Queen	T. Silurian	T. Menefee	T. Madison
T. Grayburg	T. Montoya	T. Point Lookout	T. Elbert
T. San Andres	T. Simpson	T. Mancos	T. McCracken
T. Glorieta	T. McKee	T. Gallup	T. Ignacio Otzte
T. Paddock	T. Ellenburger	Base Greenhorn	T. Granite
T. Blinbry	T. Gr. Wash	T. Dakota	
T. Tubb	T. Delaware Sand 3265	T. Morrison	
T. Drinkard	T. Bone Springs 6940	T. Todilto	
T. Abo	T.	T. Entrada	
T. Wolfcamp 10381	T.	T. Wingate	
T. Penn	T.	T. Chinle	
T. Cisco (Bough C)	T.	T. Permian	

## OIL OR GAS SANDS OR ZONES

No. 1, from ..... to .....  
No. 2, from ..... to .....  
No. 3, from ..... to .....  
No. 4, from ..... to .....

## IMPORTANT WATER SANDS

**Include data on rate of water inflow and elevation to which water rose in hole.**

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

# LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology