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.
District II - (575) 748-1283	OH CONCEDUATION DIVICION	30-15-44402
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178	1220 South St. Francis Dr.	STATE STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	•	o. State on a das Bease No.
87505		
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	REMUDA NORTH 30 STATE
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number 121H
	das weit Other	
2. Name of Operator		9. OGRID Number
XTO ENERGY, INC.		005380
3. Address of Operator		10. Pool name or Wildcat
6401 HOLIDAY HILL RD, BLDO	3 5, MIDLAND 1X /9/0/	WC-015 G095 S233013K; WOLFCAMP
4. Well Location		
Unit Letter L3 : 2280 feet from the SOUTH line and 555 feet from the WEST line		
Section 30	Township 23S Range 30E	- -
Section 30		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3090° GL		
•		
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	T JOB 🔲
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	☐ OTHER: AMEND	
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 respectfully submits the follow	wing amendment to the HSU on the attached plat.	
		RECENED
•		
		JUL 0 3 2019
		DISTRICT, 11-ARTESIA O.C.D.
		TANIESIAU.U.D.
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
ΔI	Pagulatary Coordinates	n 06/20/10
SIGNATURE CHUNC I	Regulatory Coordinator	r 06/20/19 DATE
//		
Type or print name Cheryl Rowell E-mail address: cheryl_rowell@xtoenergy.com PHONE: 432-571-8205		
For State Use Only		
APPROVED BY:	Sharp TITLE Staff Mgs	DATE 7-16-19
Conditions of Approval (if any):	The state of the s	
	• "	