

Submit 1 Copy To Appropriate District Office  
 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

**RECEIVED**  
 State of New Mexico  
 Energy, Minerals and Natural Resources  
**NOV 25 2019**  
 OIL CONSERVATION DIVISION  
 1220 S. St. Francis Dr.  
 Santa Fe, NM 87505  
**DISTRICT IV - ARTESIA, N.M.**

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-015-45772	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	7. Lease Name or Unit Agreement Name LONE WATIE 32 STATE
8. Well Number 168H	9. OGRID Number 005380
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2980' 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

2. Name of Operator  
XTO ENERGY, INC.

3. Address of Operator  
6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707

4. Well Location  
 Unit Letter A: 336 feet from the NORTH line and 695 feet from the EAST line  
 Section 32 Township 25S Range 29E NMPM County EDDY

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

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>          TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>          PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>          DOWNHOLE COMMINGLE <input type="checkbox"/>          CLOSED-LOOP SYSTEM <input type="checkbox"/>          OTHER: <input type="checkbox"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>          CASING/CEMENT JOB <input type="checkbox"/>          OTHER: COMPLETION OPERATIONS <input checked="" type="checkbox"/></p>
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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 this sundry notice of completion operations and first oil on the referenced well.

06/21/19 to 07/01/19: MIRU, Pressure test csg to 9,200 psi, open sleeve. *Does Not meet OCD Requirements for Casing Test*

07/02/19 to 07/12/19: Perf and stimulation operations. Total 31 stages, 1,488 shots, 7,432,875 gals of slickwater, 7,000 gals acid, 11,265,396 lbs proppant.

07/20/19 to 08/01/19: Set top of packer @ 10,120 ft, Run 2-7/8 tbg set @ 10,143 ft.

First Oil: 11/10/19

Spud Date: 05/10/19 Rig Release Date: 06/16/19

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

SIGNATURE *Cheryl Rowell* TITLE Regulatory Coordinator DATE 11/20/19

Type or print name Cheryl Rowell E-mail address: cheryl\_rowell@xtoenergy.com PHONE: 432-571-8205

**For State Use Only**  
 APPROVED BY: **DENIED** TITLE **DENIED** DATE *Gc 12/2/19*  
 Conditions of Approval (if any):