

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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-34664
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 GENESIS STATE
8. Well Number 3
9. OGRID Number 236790
10. Pool name or Wildcat EUMONT YATES 7 RIVERS QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 **HOBBS OCD**

2. Name of Operator
XOG OPERATING, LLC

3. Address of Operator
P. O. BOX 352
MIDLAND, TX 79702

4. Well Location
 Unit Letter I : 1830 feet from the SOUTH line and 660 feet from the EAST line
 Section 15 18 Township 21S 20S Range 35E 36E NMPM LEA County

FEB 24 2014
RECEIVED

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: Mechanical Integrity Test <input checked="" type="checkbox"/>

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.

12/31/13 Acidize perms.

1/4/14 Repair AD-1 Packer and set @ 4,400 as before.

1/6/14 Mark Whitaker with NMOCD on location to witness test. Service company brought wrong chart recorder and had to send for another recorder. NMOCD representative had to leave and granted permission to go ahead with test when 1000# recorder arrived. MIT was performed on this well. The casing was pressured to 545psi over a 36 minute period. The test was deemed successful. Chart attached.

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 Angie Crawford TITLE PRODUCTION ANALYST DATE 2/20/14
 Type or print name ANGIE CRAWFORD E-mail address: acrawford@xogoperating.com PHONE: 432-683-3171

For State Use Only

APPROVED BY: Maley Brown TITLE Compliance Officer DATE 2/26/2014
 Conditions of Approval (if any):

FEB 26 2014

Company	XOC. Operating LLC.		
Lease	Genesis State	Well No.	3
Date of Test	1-6-14		
Packer: make	FDI	model	depth
Tubing Pressure: 0 min	1320	15 min	1320
		30 min	1320
Casing Pressure: 0 min	0	15 min	545
		30 min	545
Surf. Csg Pressure: 0 min	0	15 min	0
		30 min	0
	to spring 1000	hr chd	96 min
		hr dnc	
Service Company:	Globe		
Operator/Supervisor:	Smoker		
Company Representative:	Robin McAnally		
RRC Required:	Y (N)		
	Witnessed by RRC Y (N)		