

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

**HOBBS**  
 NOV 03 2016  
 RECEIVED

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

**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  
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 18 Township 20S Range 36E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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: <b>Mechanical Integrity Test</b> <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.

- 10/27/16 Pull and test tbg, replace bad tbg and reset AD-1 Packer @ 4,400 as before. .
- 11/1/16 Notify George Bower at NMOCD of intent to run MIT Pressure test..
- 11/2/16 George Bower with NMOCD on location to witness test. MIT Pressure test performed. Pressure to 400# , had trouble with chart stop spinning. Pressure 390# held 32 minutes. Test deemed successful MIT. Chart attached.

XOG will reactivate injection permit.

*Well to remain shut in till inj. order re-issued.*

*Last authority to inj* →

NO PRODUCTION REPORTED IN 16 MONTHS

Spud Date:

Rig Release Date:

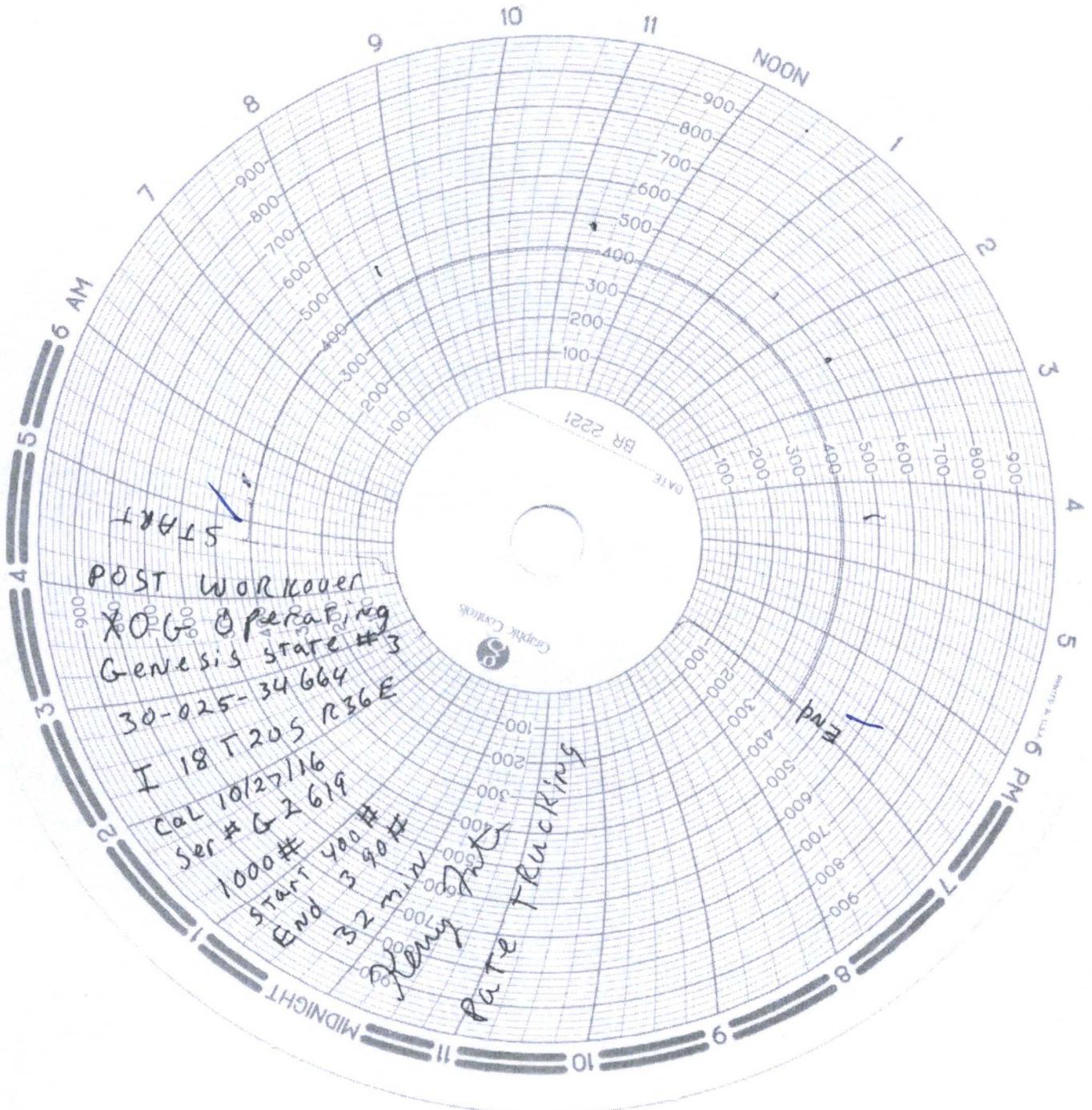
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Angie Crawford TITLE PRODUCTION ANALYST DATE 11/03/16  
 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 Dist Supervisor DATE 11/3/2016  
 Conditions of Approval (if any):

*chart - RBDMS - ✓*

*MB*



POST WORKOVER  
 XOG Operating  
 Genesis state #3  
 30-025-34664  
 I 18 T 205 R36E  
 CAL 10/27/16  
 Ser # G 2619  
 1000#  
 START  
 End 3 32 min  
 Ramp Rate  
 Rate Tracking

BR 2221

Graphic Controls

START

END

GRAPHIC CONTROLS