

Submit 1 Copy To Appropriate District  
 Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM  
 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
 WILDERNESS CONSERVATION DIVISION  
 220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

HOBBS OCD  
 JUN 14 2018  
 RECEIVED

WELL API NO. <b>30-025-28926</b>
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: <b>Seven Rivers Queen WF, North</b>
8. Well Number <b>13</b>
9. OGRID Number <b>005380</b>
10. Pool name or Wildcat <b>Eunice; Seven Rivers-Queen, South</b>

**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 **Injection**

2. Name of Operator  
**XTO Energy, Inc.**

3. Address of Operator  
**6401 Holiday hill Rd., Bldg 5**

4. Well Location  
 Unit Letter **K** : **1325'** feet from the **South** line and **1330'** feet from the **West** line  
 Section **4** Township **22S** Range **36E** NMPM County **Lea**

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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>MIT/Bradenhead</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.

5/1/2018 RIH/w 1-1/4' Bailer tag @ 3624

5/2/2018 PKR POH/w tbg, PKR, & 1.25 Slickline Bailer. RIH/w 4-3/4' bit 6-3.5' dc's tag fill @3875

5/7/2018 RIH/w 5-1/2" x 2-7/8" ASX-1 coated slips & 1.87" Profile PKR & IPC tbg pkr @ 3644

see attached **MIT/Bradenhead**

Spud Date: 12/7/1984      Rig Release Date: 8/13/10

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

SIGNATURE *Lindsay Deaver* TITLE **Regulatory Analyst** DATE **6/8/2018**

Type or print name **Lindsay Deaver** E-mail address: lindsay\_deaver@xtoenergy.com PHONE **432-221-7307**

**For State Use Only**  
 APPROVED BY *Mary Brown* TITLE **AO/II** DATE **6/14/2018**  
 Conditions of Approval (if any):

**State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office**

**BRADENHEAD TEST REPORT**

Operator Name XTO Energy, Inc	API Number 3002528926
Property Name NORTH SEVEN RIVERS QUEEN	Well No. 13

**Surface Location**

UL - Lot K	Section 4	Township 22S	Range 36E	Feet from 1325	N/S Line	Feet From 1330	E/W Line	County LEA
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**Well Status**

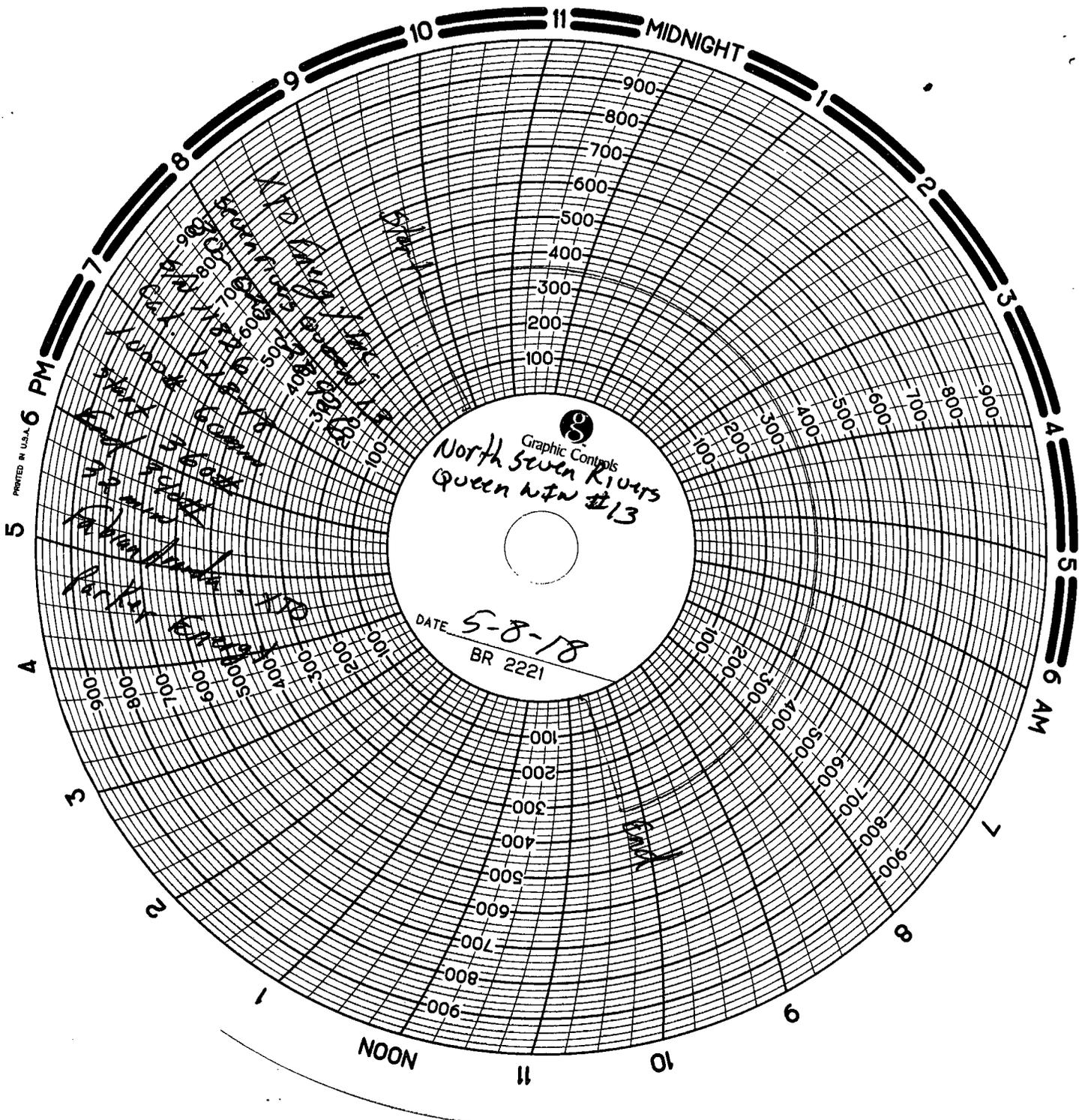
TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	PRODUCER OIL	GAS	DATE 6-6-2018
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0			0	0
<b>Flow Characteristics</b>					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 ___
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR ___
Surges	Y/N	Y/N	Y/N	Y/N	GAS ___
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if
					applies

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>Alan Miller</i>	OIL CONSERVATION DIVISION
Printed name: ALAN MILLER	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 6-6-2018	Phone: 575-441-1641
Witness:	



PRINTED IN U.S.A.



Graphic Controls  
North Seven Rivers  
Queen h/n #13

DATE 5-8-18  
BR 2221

