

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 July 18, 2013

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

HOBBS OCD  
 JUL 27 2018  
 RECEIVED

WELL API NO.  
 30-025-43416

5. Indicate Type of Lease  
 STATE  FEE  *Federal*

State Oil & Gas Lease No.

**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 O : 130 feet from the SOUTH line and 2213 feet from the EAST line  
 Section 30 Township 20S Range 34E NMPM County LEA

7. Lease Name or Unit Agreement Name  
 SEVERUS 31 FEDERAL COM

8. Well Number 2H

9. OGRID Number  
 005380

10. Pool name or Wildcat  
 WC-025 G-08 S213304D

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3699

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 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: Correct 24 hr test information <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

Correct 24 hr Well Test Data on C-104 dated 6/29/18

Gas = 1405  
 Water = 3330

Spud Date: 11/30/17 Rig Release Date: 1/2/18

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 7/24/18  
 Type or print name Cheryl Rowell E-mail address: cheryl\_rowell@xtoenergy.com ONE: \_\_\_\_\_

**For State Use Only**

APPROVED BY: *Karen Sharp* TITLE Staff Mgr DATE 8-2-18  
 Conditions of Approval (if any): \_\_\_\_\_