

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

HOBBSSOOP
 JUL 27 2018
 RECEIVED

WELL API NO. 30-025-43417
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <i>Federal</i>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SEVERUS 31 FEDERAL COM
8. Well Number 3H
9. OGRID Number 005380
10. Pool name or Wildcat WC-025 G-08 S213304D

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 N : 386 feet from the SOUTH line and 1750 feet from the WEST line
 Section 30 Township 20S Range 34E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3687

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 = 1720

Water = 3928

Spud Date: 1/8/18

Rig Release Date: 2/14/18

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): _____