

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88248
 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

Form C-103
 Revised July 18, 2013

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
 Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-025-28924
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: Seven Rivers Queen
8. Well Number 11
9. OGRID Number 005380
10. Pool name or Wildcat Eunice, Seven Rivers-Queen, South
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 Injection

2. Name of Operator
XTO Energy, Inc.

3. Address of Operator
6401 Holiday Hill Rd., Bldg 5

4. Well Location
 Unit Letter **F** : **2623'** feet from the **North** line and **2636** feet from the **East** line
 Section **4** Township **22S** Range **36E** NMPM County **Lea**

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING MULTIPLE COMPL
 DOWNHOLE COMMINGLE
 CLOSED-LOOP SYSTEM
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: MIT/Bradenhead failure

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.

6/19/2018 - Ran 3 failing MITs, see attached all 3 charts.

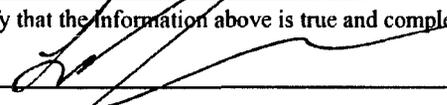
7/10/18 - Repair, MI RU pmp trk test csg to 380psi bleed down to 370psi
 Ran official MIT (Advosed George Bower/w NMOCD) rig off

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

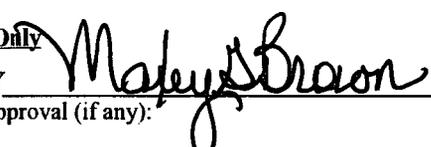
Spud Date: **11/22/1984**

Rig Release Date:

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

SIGNATURE  TITLE **Regulatory Analyst** DATE **9/10/2018**

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

For State Use Only
 APPROVED BY  TITLE **AO/I** DATE **9/11/2018**
 Conditions of Approval (if any):

REC'D/MIDLAND
 AUG 27 2018

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

BRADENHEAD TEST REPORT

Operator Name <i>XTO</i>		API Number <i>30-025-28924</i>	
Property Name <i>Seven Rivers Creek</i>			Well No. <i>11</i>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>6</i>	<i>4</i>	<i>22S</i>	<i>36E</i>	<i>2623</i>	<i>N</i>	<i>2636</i>	<i>E</i>	<i>LCA</i>

Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	<input checked="" type="radio"/> INJ SWD	OIL <input type="radio"/> GAS <input type="radio"/>	<i>6/19/18</i>

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	ϕ	—	ϕ	ϕ
Flow Characteristics					
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	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

Failure would not hold PST

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>6/19/18</i>	Phone:
Witness: <i>[Signature]</i>	