

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

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|---|
| WELL API NO. 30-025-43695 |
| 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 CHISTERA 32 STATE |
| 8. Well Number 2H |
| 9. OGRID Number 005380 |
| 10. Pool name or Wildcat HAT MESA; BONE SPRING |

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 **HOBBS OCD**

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 B : 217 feet from the NORTH line and 1726 feet from the EAST line
 Section 32 Township 20S Range 33E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3618' GL

RECEIVED
 FEB 15 2019

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: Completion Operations <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

XTO respectfully submits this sundry notice to report the completion operations of the referenced well.

11/01/2018 – 11/06/2018:
 MIRU, Pressure test csg to 7300 psi. Open sleeve. *how long? good test?*

12/03/2018 – 01/15/2019:
 Perf and stimulation operations. Total 24 stages 9625796 gals of slickwater, 14000 gals acid, 11620832 lbs proppant. Set packer @ 10605'. Run 2-7/8" L-80 6.5# tubing set @10595' ✓

1/16/2019:
 Waiting on flowback

Spud Date: 09/02/2018 Rig Release Date: 10/05/2018

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 1/22/19

Type or print name Cheryl Rowell E-mail address: cheryl_rowell@xtoenergy.com PHONE: 432-571-8205

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 2-15-19

Conditions of Approval (if any):