

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

HOBBBS OGD
 APR 9 2019
 RECEIVED

<p style="text-align: center;">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator XTO ENERGY, INC.</p> <p>3. Address of Operator 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707</p> <p>4. Well Location Unit Letter <u>F</u> : <u>1950</u> feet from the <u>NORTH</u> line and <u>18445</u> feet from the <u>WEST</u> line Section <u>18</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>LEA</u></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>	<p>WELL API NO. 30-25-25530</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name A.L.CHRISTMAS NCT C</p> <p>8. Well Number 10</p> <p>9. OGRID Number 005380</p> <p>10. Pool name or Wildcat EUMONT;YATES-7 RVRS-QUEEN(OIL)</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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J.P.M.
PNR

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 the following plug and abandon summary.

02/25/19 to 03/01/2019
 RIH, tag TOC 5288', PT to 500 psi, lost 300 psi in 15 mins. Kerry Fortner NMOCD approved plug @ 5288'-4700' w/ 60 sxs cmt.
 RIH tag TOC 4610', Spot 40 sxs cmt 3923' - 3572', PT to 500 psi, no test, spot 25 sxs 3582' - 3372'. WOC.
 RIH tag TOC 3327', PT to 500 psi (good), Spot 25 sxs cmt. WOC.
 RIH tag TOC 3079, Spot 25 sxs cmt 2612' - 2365'. WOC.
 Set pkr @ 1118', did not establish injection. Kerry Fortner NMOCD approved to spot cement across perfs.
 RIH Perf 1168', spot 25 sxs cmt 1168'-923'. LD 20 jts. Spot 40 sxs cmt 313' to surface.
 Well PA'd 03/20/2019

Spud Date: Rig Release Date:

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 04/04/2019

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

For State Use Only

APPROVED BY: *Kerry Fortner* TITLE Compliance Officer A DATE 4-23-19

Conditions of Approval (if any):