

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
 SEP 06 2019
RECEIVED

WELL API NO. 30-025-09970
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-934
7. Lease Name or Unit Agreement Name New Mexico "S" State
8. Well Number 21
9. OGRID Number 005380
10. Pool name or Wildcat BLINEBRY (PROGAS)(CONSOLIDATED)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3380'

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 #5
Midland, Tx 79707

4. Well Location
 Unit Letter L : 1980 feet from the SOUTH line and 500 feet from the WEST line
 Section 2 Township 22S Range 37E NMPM County LEA

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

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 checked="" 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: <input 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 Energy, Inc. respectfully submits a subsequent report of pa operations on the above referenced well.
 08/22/2019: Set CIBP @ 5350', Tag CIBP@ 5340'.
 08/23/2019: Test casing to 500psi - tested good. Pump 35 sx class C from 5335' - 4990', WOC.
 08/26/2019: Tag TOC @ 4986', Spot 25 sx cmt from 3340' - 3094', WOC, Tag TOC @ 3090'.
 08/27/2019: Perf @ 2785', Squeeze 50sx cmt from 2685' - 2599'.
 08/28/2019: Tag TOC @ 2599', Perf @ 1151', Squeeze 50 sx cmt, WOC. Tag TOC @ 851', Perf @ 402', Squeeze w/ 103sx class C cmt to surface.
 Cut off WH, install dry hole marker, Well PA'd.

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 Cassie Evans TITLE Regulatory Analyst DATE 09/03/2019

Type or print name Cassie Evans E-mail address: cassie.evans@xtoenergy.com PHONE: 432.620.4325

For State Use Only
 APPROVED BY: Kerry Fortne TITLE C. O. A DATE 9-6-19
 Conditions of Approval (if any):