

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 OGD
 NOV 18 2019
 RECEIVED

WELL API NO. 30-025-41771
 5. Indicate Type of Lease
 STATE FEE
 6. State Oil & Gas Lease No.
 7. Lease Name or Unit Agreement Name
 BIG EDDY UNIT DI 29
 8. Well Number 320
 9. OGRID Number 373075
 10. Pool name or Wildcat
 WILDCAT; BONE SPRING
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3,513' GL

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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 PERMIAN OPERATING, LLC
 3. Address of Operator
 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707
 4. Well Location
 Unit Letter M : 330 feet from the SOUTH line and 330 feet from the WEST line
 Section 16 Township 20S Range 32E NMPM County LEA
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3,513' GL

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

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

05/07/2019 to 05/13/2019

RIH set Tag PBTD @ 4430' (Kerry Fortner NMOCD approved)
 Tag CIBP @ 4430', Circ 34 bbls SGM, PT 500 psi (good), Spot 25 sxs Class C. WOC
 Tag TOC @ 4330' (Kerry Fortner NMOCD approved), Spot 45 sxs Class C. WOC
 Tag TOC @ 2930', Spot 420 sxs Class C plug, Calculated 2482'-1210'. WOC
 Tag TOC @ 1193', Perf @ 60', Est circ, flush 30 bbls brine. Circ 40 sxs cmt to surface.
 Cut and capped well.
 Well PA'd 10/17/19

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 11/13/19
 Type or print name Cheryl Rowell E-mail address: cheryl_rowell@xtoenergy.com PHONE: 432-571-8205

APPROVED BY: Kerry Fortner TITLE C.O. A DATE 11-25-19
 Conditions of Approval (if any): /