

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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
June 19, 2008

HOBBBS
OCD CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
JAN 30 2014

WELL API NO. 30-025-04467
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED.
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
8. Well Number 229
9. OGRID Number 005380
10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>	7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
2. Name of Operator XTO Energy, Inc.	8. Well Number 229
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701	9. OGRID Number 005380
4. Well Location Unit Letter <u>N</u> : <u>3300</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>4</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS: ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

XTO Energy Inc would like to perform a casing lk repair with the following procedure:

1. Isolate csg lks & EIR.
2. Set CICR, sqze lks w/Class 'C' cmt.
3. Run a good MIT.

A closed-loop system will be used for all work performed.

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 Stephanie Rabadue TITLE Regulatory Analyst DATE 01/21/2014

stephanie_rabadue@xtoenergy.com

Type or print name Stephanie Rabadue E-mail address: stephanie_rabadue@xtoenergy.com PHONE 432-620-6714

For State Use Only

Accepted for Record Only

APPROVED BY _____ TITLE _____ DATE 02/03/2014

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS
prior to STARTING THE WORKOVER.

CONDITION OF APPROVAL: Operator shall give the OCD
District Office 24 hour notice before running the MIT test and chart.

FEB 03 2014