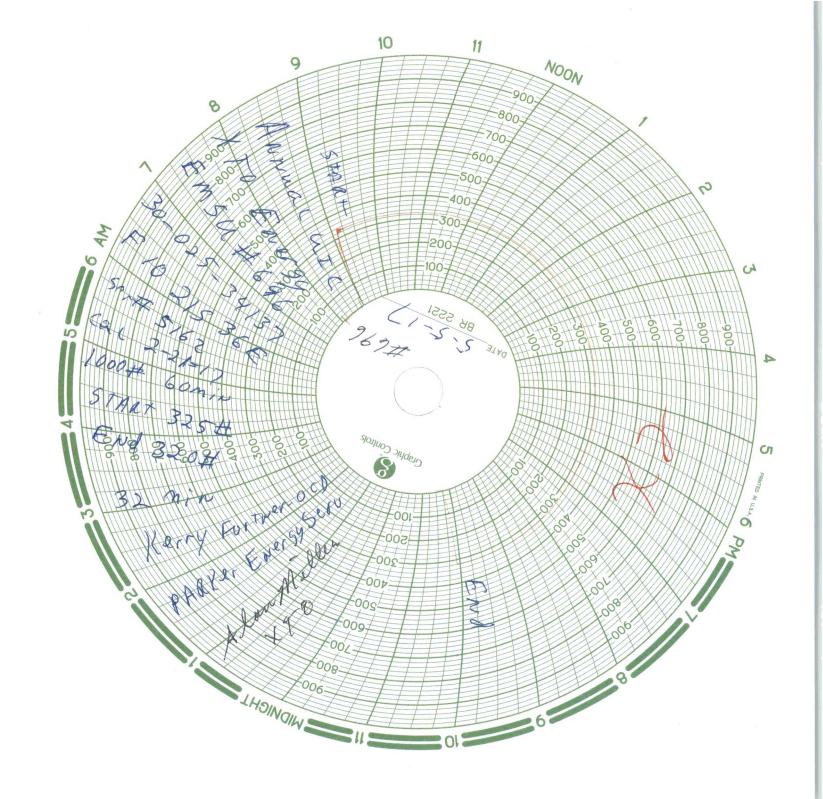
Submit 1 Copy To Appropriate District Office	State of Ne			Form C-103
District I	Energy, Minerals and	Natural Resources	WELL API NO.	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II OIL CONSERVATION DIVISION OIL CONSERVATION DIVISION			30-025-34137	
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, N	VM 87505	6. State Oil & Gas L	
1220 S. St. Francis Dr., Santa Fe, NM 87505		HOLAN 25 2017	o. State on & Gas L	case 140.
SUNDRY NOTICES AND REPORTS ON WELLS				nit Agreement Name:
(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			Eunice Monument	South Unit
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well Gas Well Other INJECTION			696	
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380	
3. Address of Operator 500 W. ILLINOIS, SUITE 100			10. Pool name or W	ildcat Grayburg-San Andres
4. Well Location			Eunice Monument,	Grayburg-San Andres
Unit Letter F :	2523' feet from the N	NORTH line and	1456' feet from	the WEST line
Section 10	Township 21S	Range 36E	NMPM C	ounty LEA
Section 10		ether DR, RKB, RT, GR, et		ounty LEA
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUB			SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON [REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS [COMMENCE DRILL	ING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL [CASING/CEMENT J	ОВ 🗌	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:]	OTHER: MIT		X
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.				
05/05/2017: Good MIT test performed. See chart copy attached. Original submitted to the NMOCD.				
				1
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 Mikki Valenzuela TITLE Regulatory Analyst DATE 05/17/2017				
Type or print name Nikki Valenzue	ela	E-mail address:		HONE 432-571-8227
For State Use Only				
APPROVED BY	Antie	TITLE Complian	CP OFFICERDA	TE 5-26-17
Conditions of Approval (if any):	*****	_ III COMPCIAN	DA DA	<u> </u>



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