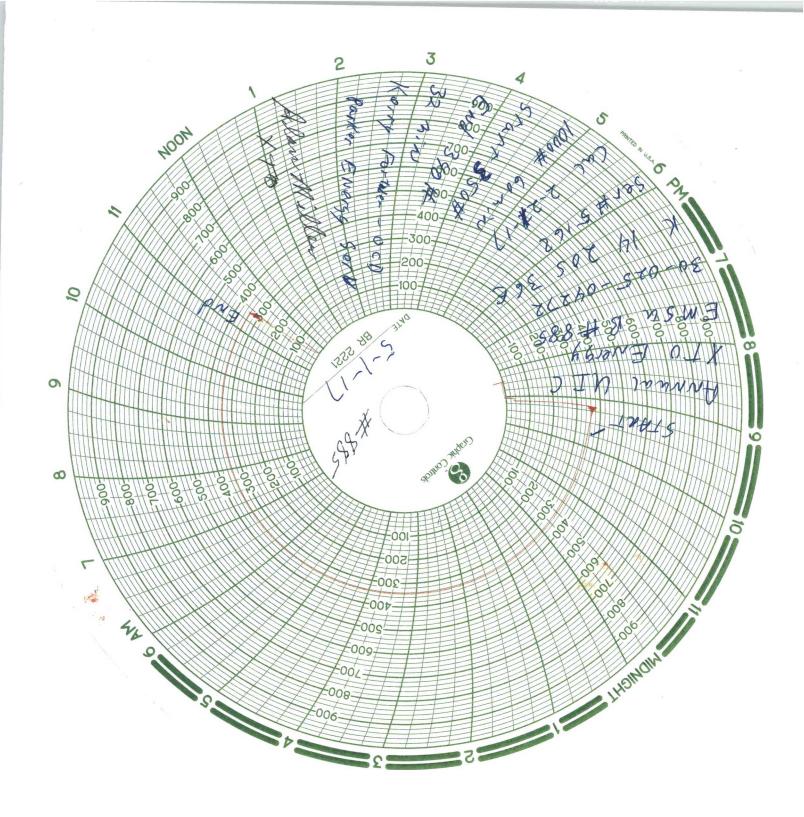
J.					
Submit 1 Copy To Appropriate District	State of New M			Form (
Office District I	Energy, Minerals and Natu	Iral Resources	WELL API NO.	Revised July	18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II			30-025-04272		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM	STATE			
1220 S. St. Francis Dr., Santa Fe, NM	r	10685 001	6. State Oil & Ga	is Lease No.	
SUNDRY NOTIO	CES AND REPORTS ON WE	LLSAY 2.5 2017	7. Lease Name of	r Unit Agreement Na	me:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Eunice Monume	-	
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	CATION FOR PERMIT" (FORM C-10	D1) FOR SUCH			
1. Type of Well: Oil Well A Gas Well Other			8. Well Number 885		
2. Name of Operator			9. OGRID Number		
XTO Energy, Inc.			005380		
3. Address of Operator 500 W Illinois, Ste. 100			10. Pool name or Eunice Monume	Wildcat ent;Grayburg-San A	ndres
4. Well Location					
Unit Letter K :	2310 feet from the South	line and	2310 feet fro	om the West	line
Section 14	-	0	NMPM	County Lea	
	11. Elevation (Show whether	DR, RKB, RT, GR, et	c.)		
12 Check A	ppropriate Box to Indicate	Nature of Notice	Report or Other	Data	
	ppropriate box to indicate	ruture of rotice,	icepoin, or other	Dutu	
NOTICE OF INT	ENTION TO:	SUB	SEQUENT RE	PORT OF:	
	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CAS	
	CHANGE PLANS	COMMENCE DRILL		P AND A	
PULL OR ALTER CASING		CASING/CEMENT J			
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM		OTHER: MIT			X
	d operations. (Clearly state all pe		ve pertinent dates, in	ncluding estimated d	
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.					
5/1/2017: Good MIT test performed. See chart copy attached. Original submitted to the NMOCD.					
Spud Date:	Rig Relea	ase Date:			
	1		11 1. 6		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE American Plane TITLE Regulatory Analyst DATE 5/16/2017					
Type or print name Lindsay Deave	nail address:		PHONE 432-221-	7307	
For State Use Only					
APPROVED BY Law Momen TITLE Costanie fice DATE 6-2-17					
Conditions of Approval (if any):					



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