

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
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
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

NOEES OGD
30-025-24563
RECEIVED
JUL 16 2018

WELL API NO. 30-025-24563
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
8. Well Number 285
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 Injection <input checked="" type="checkbox"/>
2. Name of Operator XTO Energy, Inc.
3. Address of Operator 6401 Holiday Hill Rd., Bldg 5
4. Well Location Unit Letter D : 990' feet from the North line and 330' feet from the West line Section 8 Township 21S Range 36E NMPM County Lea
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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: **MIT/Bradenhead** ☒

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.

7/10/2018: XTO Energy ran a good MIT & Bradenhead. Good chart and form attached.

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

Lindsay Deaver

TITLE **Regulatory Analyst**

DATE **7/10/2018**

Type or print name **Lindsay Deaver**

E-mail address:

lindsay_deaver@xtoenergy.com

PHONE **432-221-7307**

For State Use Only

APPROVED BY

Sean Deaver

TITLE

Compliance Officer
Supervisor

DATE

7/17/18

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

HOBBS OCD

JUL 16 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name <i>XTO</i>		API Number <i>30-025-24563</i>	
Property Name <i>Eunice monument South</i>		Well No. <i>285</i>	

7. Surface Location

UT. - Lot <i>D</i>	Section <i>8</i>	Township <i>21S</i>	Range <i>36E</i>	Feet from <i>990</i>	N/S Line <i>N</i>	Feet From <i>330</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

YES <input type="checkbox"/> TA'D WELL	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> SHUT-IN	NO <input checked="" type="checkbox"/>	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <i>6/14/18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>—</i>	<i>—</i>	<i>0</i>	<i>0</i>
Flow Characteristics					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	WTR <input type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Type of Fluid
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Injected for
Water	Y/N <input checked="" type="checkbox"/>	Y/N	Y/N	Y/N <input checked="" type="checkbox"/>	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature <i>[Signature]</i>		OIL CONSERVATION DIVISION	
Printed name: <i>Luis Chole XTO Energy</i>		Entered into RBDMS	
Title:		Re-test	
E-mail Address:		<i>[Signature]</i>	
Date: <i>6/14/18</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM

