Submit 3 Copies To Appropriate District	State of New I			Form C-103
Office District I	Energy, Minerals and Na	tural Resources		June 19, 2008
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	ON DIVISIONOBBS	30-025-29614 8. Indicate Type of Lease	
District III	1220 South St. F		5. Indicate Type of Lease	_
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM	87505 JUL 0 1	STATE 😿 F	EE 🗌
District IV. 1220 S. St. Francis Dr., Santa Fe, NM		201 A I	6. State Oil & Gas Lease 1	No.
87505				
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOSITION OF THE PROPOSALS.) 1. Type of Well:		NOR PLUG BACK TO A	Lease Name or Unit Ag Eunice Monument South 8. Well Number	
Oil Well Gas Well Other Injection			189	
2. Name of Operator			9. OGRID Number	
XTO Energy, Inc.			005380	
3. Address of Operator			10. Pool name or Wildcat	
·			Eunice Monument; Grayburg-San Andres	
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location			Eunice Monument; Gray	burg-San Andres
4. Well Education				
Unit Letter B:_	760' feet from the 1	corth line and	1780' feet from the_	<u>East</u> line
Section 6	Township 215	Range 36B	NMPM Coun	ity Lea
	11. Elevation (Show wheth			,
	III Elevation (Silver miles)	21, 1412, 111, 01, 01		
12. Check A	appropriate Box to Indicat	e Nature of Notice, I	Report, or Other Data	
NOTICE OF INT	ENTION TO:	l SUB	SEQUENT REPORT	OF:
NOTICE OF INT	LITION TO:	500	SEQUENT REPORT	01.
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK	☐ ALTE	RING CASING 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P AN	ID A
_	_			
PULL OR ALTER CASING L	MULTIPLE COMPL	CASING/CEMENT J	ов Ц	
DOWNHOLE COMMINGLE				
·				
OTHER:		OTHER: 100 / Page	. 33 3	X
		OTHER: MIT / Bra		
 Describe proposed or complete of starting any proposed work or recompletion. 	ed operations. (Clearly state all b. SEE RULE 1103. For Multi			
04/03/2014 200 2000	Ing you a good WITH showt	and brodenbood took	an the smill	
04/03/2014: XIO Energy,	Inc ran a good MIT chart	and bradennead test	on the well.	
•			,	
			~	
Spud Date:	Rig Re	lease Date:		
•		L		
I hereby certify that the information	above is true and complete to	he hest of my knowledg	e and helief	
1		ne best of my knowledg	e and belief.	
CICHATURE ALONGINO	Kabarlu 1 -	ran a Domilato	ry Analyst DATE	04 /20 /0014
SIGNATURE STEP YOUNG	I I I		Divid	04/30/2014
Type or print name _Stephanie Ra	badue E	stephanie_rabadue@ -mail address:		E 432-620-6714
. The or brute name Tassbuggire is	C	-man audicss	rnON	C
For State Use Only	(/	_		
APPROVED BY / Del	Samamak .	TITLE Staff U	Manage DATE	7/2/2014
Conditions of Approval (if any):			UAIE_	10,000

JUL 0 8 2014

