

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

WELL API NO.	30-025-04587
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: Eunice Monument South Unit	
8. Well Number 301	
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 Well	
2. Name of Operator XTO Energy, Inc.	
3. Address of Operator 500 W. Illinois St Ste 100 Midland, TX 79701	
4. Well Location Unit Letter H : 1980 feet from the North line and 660 feet from the East line Section 9 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.

05/16/2016: XTO Energy, Inc ran a goot MIT and bradenhead test. Copy of chart and form are 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 Stephanie Rabadue TITLE **Regulatory Analyst** DATE **06/09/2016**

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

For State Use Only

APPROVED BY [Signature] TITLE **Compliance Officer** DATE **6/20/16**
Conditions of Approval (if any):

HOBBS OCD

JUN 16 2016

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name XTO Energy, Inc	API Number 30-025-04587
Property Name Eunice Monument South Unit	Well No. 301

7. Surface Location

UL - Lot H	Section 9	Township 21S	Range 36E	Feet from 1980	N/S Line North	Feet From 660	E/W Line East	County Lea
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Well Status

TAPED WELL YES <input checked="" type="checkbox"/> NO	SHUT-IN YES NO	INJECTOR <input checked="" type="checkbox"/> INJ SWD	PRODUCER OIL GAS	DATE 5-3-2016
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csng	(E) Tubing
Pressure	0			0	660
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	CO2 <input checked="" type="checkbox"/>
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS <input checked="" type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	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: Alan Miller - XTO Energy	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 5-13-2016	Phone: 575-441-1641
Witness:	

