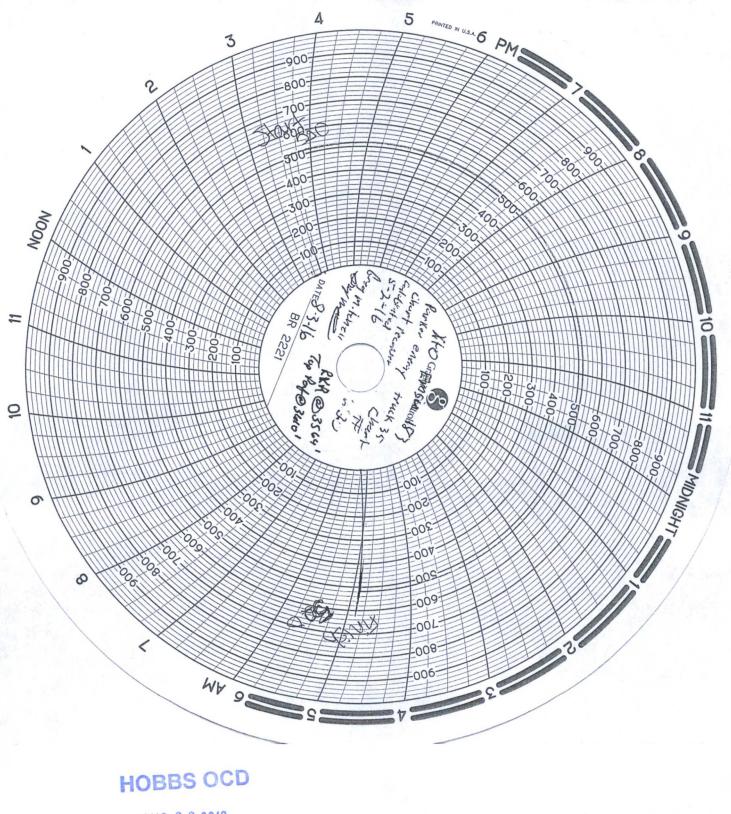
Submit 3 Copies To Appropriate District S OCD State of New Mexico Office	Form C-103 June 19, 2008
District	WELL API NO.
1625 N. French Dr., Hobbs, NM 87240, District II 1301 W. Grand Ave., Artesia, NM 88210 1301 W. Grand Ave., Artesia, NM 88210	30-025-04493
District III	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 8740CEIVED Santa Fe, NM 87505	STATE x FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
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.)	7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number
2. Name of Operator	9. OGRID Number
XTO Energy, Inc.	005380
3. Address of Operator	10. Pool name or Wildcat
500 W. Illinois St Ste 100 Midland, TX 79701 4. Well Location	Eunice Monument; Grayburg-San Andres
Unit Letter	
Section 4 Township 215 Pange 265	NIMPM Country Too
Section 4 Township 21S Range 36E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11.	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT J	
OTHER: Failes MIT.	x
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 	
XTO Energy, Inc respectfully requests to perform the following procedure after a failed MIT: 1. POOH w/tbg & pkr. 2. Reset pkr. 3. Run a good MIT.	
Condition of Approval: notify	
OCD Hobbs office 24 hours	
prior of running MIT Test & Chart	
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 Aufance Rabidue TITLE Regulatory Analyst DATE 08/05/2016	
Type or print name <u>Stephanie Rabadue</u> E-mail address:PHONE <u>432-620-6714</u>	
APPROVED BY Maley Stown TITLE Dest Supervised B/22/2016 Conditions of Approval (if any):	



AUG 2 2 2016

RECEN'