

HOBBS OCD
AUG 22 2016
RECEIVED

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

WELL API NO. 30-025-04493
5. Indicate Type of Lease STATE <input checked="" 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 183
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	7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
2. Name of Operator XTO Energy, Inc.	8. Well Number 183
3. Address of Operator 500 W. Illinois St Ste 100 Midland, TX 79701	9. OGRID Number 005380
4. Well Location Unit Letter D 660 feet from the North line and 660 feet from the West line Section 4 Township 21S Range 36E NMPM County Lea	10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres
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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **Failed MIT** ☐

OTHER: **MIT** ☒

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 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 Stephanie Rabadue TITLE Regulatory Analyst DATE 08/05/2016
stephanie.rabadue@xtoenergy.com
Type or print name Stephanie Rabadue E-mail address: stephanie.rabadue@xtoenergy.com PHONE 432-620-6714

For State Use Only

APPROVED BY Maely Brown TITLE Dist Supervisor DATE 8/22/2016
Conditions of Approval (if any):

