

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

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-04331	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> <i>federal</i>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: Eunice Monument South Unit	
8. Well Number 103	
9. OGRID Number 005380	
10. Pool name or Wildcat	
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator XTO Energy, Inc	
3. Address of Operator 6401 Holiday Hill Rd., Bldg 5 Midland, TX 79707	
4. Well Location Unit Letter B : 660 feet from the North line and 1980 feet from the East line Section 25 Township 20S 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: **Temporarily Abandon/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 19.15.7.14 NMAC.. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

T/A Well - 3/16/2018

3/16/2018: MIRU. POOH w/ rods & pump.

Scan tubg. Set CIBP @ 3680. Test to 575 psig, good test.

Ran official MIT to 580 for 32 min. Good test.

OCD Signature present on MIT

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 **5/14/2018**

Type or print name **Lindsay Deaver** E-mail address: **lindsay_deaver@xtoenergy.com** PHONE **432-221-7307**

For State Use Only

APPROVED BY *MA Brown* TITLE **5/16/2018** DATE **RBDM5-CHART-✓**

Conditions of Approval (if any):

Accepted for Record Only

PRINTED IN U.S.A.



DATE 3-16-18
BR 2221

Start
T/A
XTO

EMSL # 103

30-025-04321-00-00
85-205-360

Cal date 1-8-12
An # 11226

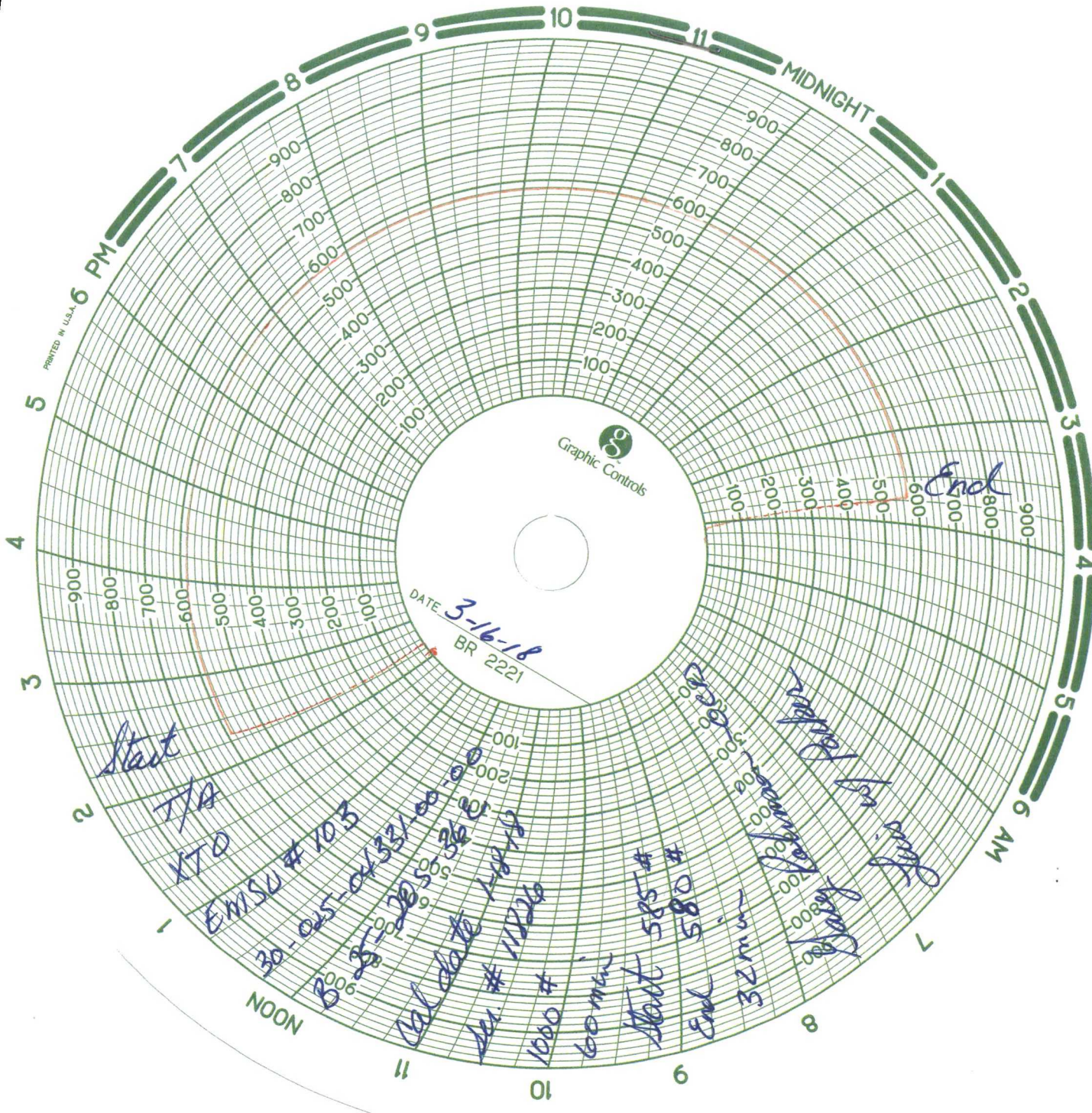
1000 #
60 min

Start 585 #
End 580 #

32 min

Day Volume
Perfor
Self

End



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

MAR 21 2018

BRADENHEAD TEST REPORT

Operator Name E XTO		API Number 30-025-04331
Property Name EMSU		Well No. 103

7. Surface Location									
UL - Lot B	Section 25	Township 20S	Range 36E		Feet from 660	N/S Line N	Feet From 1980	E/W Line E	County LEA

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ	INJECTOR	SWD	PRODUCER OIL	GAS	DATE 3-16-18
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	0	N/A	0	NOTE
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 —
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR —
Surges	Y / N	Y / N	Y / N	Y / N	GAS —
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / 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:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: Gary Robinson		

INSTRUCTIONS ON BACK OF THIS FORM