

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. 30-025-04631
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 389
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
2. Name of Operator XTO Energy, Inc.	8. Well Number 389
3. Address of Operator 4601 Holiday Hill Rd., Bldg 5 Midland, Texas 79701	9. OGRID Number 005380
4. Well Location Unit Letter E : 1980 feet from the North line and 660 feet from the West line Section 14 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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: **Temporarily Abandoned/ 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 Test - 3/16/2018

3/16/2018: MIRU POOH w/rods & pumps. CIBP Set @ 3714. 500 psi, good test.

Ran official MIT to 590 psi

Witnessed by Gary Robinson/ w NMOCD

Spud Date:

4/20/1936

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 5/16/2018

Conditions of Approval (if any):

Accepted for Record

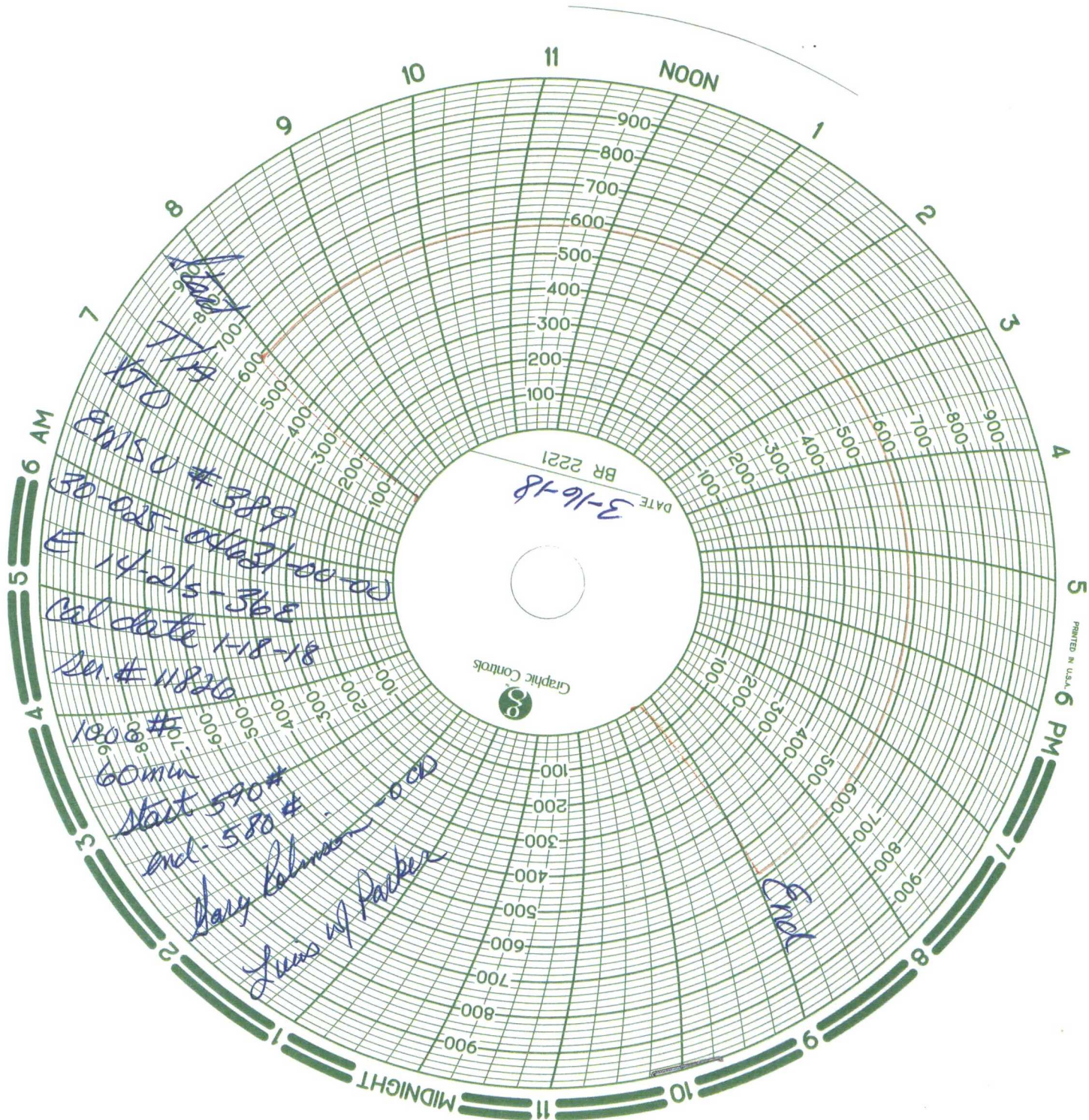
SUBJECT TO

APPROVAL BY BLM

TITLE

DATE

RBDMS CHART - ✓



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

REC'D
MAR 21 2018

BRADENHEAD TEST REPORT

Operator Name XTO	API Number 30-025-04831
Property Name EMSU	Well No. # 389

Surface Location

UL - Lot 6	Section 14	Township 21S	Range 36E	Feet from 1980	N/S Line N	Feet From 660	E/W Line W	County LEA
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Well Status

TA'D WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input type="radio"/> INJ <input type="radio"/> SWD	PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE 3-16-18
----------------------------------------------------------------------------	--------------------------------------------------------------------------	-----------------------------------------------------------------	----------------------------------------------------------------------------	------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	N/A	0	NONE
Flow Characteristics					
Puff	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	WTR <input type="checkbox"/>
Surges	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	
Water	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

T/A TEST

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date:	
Phone:	
Witness: Shay Robinson	

INSTRUCTIONS ON BACK OF THIS FORM