

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
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

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.)		WELL API NO. 30- 025- 04519
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO Energy Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 6401 Holiday Hill Road Midland, Texas		7. Lease Name or Unit Agreement Name Eunice Monument South Unit
4. Well Location Unit Letter <u>1</u> : 1980' feet from the <u>SOUTH</u> line and 660' feet from the <u>EAST</u> line Section <u>5</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>LEA</u>		8. Well Number 242
		9. OGRID Number 005380
		10. Pool name or Wildcat
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT/ BRADENHEAD <input checked="" type="checkbox"/>	

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.

XTO ENERGY INC SUBMITS THIS SUNDRY FOR THE REFERENCE WELL AS NOTICE OF PASSED MIT/ BRADENHEAD. TEST WAS SUPERVISED BY MR. KERY FORTNER WITH THE NMOCD.
PLEASE SEE TEST REPORT AND CHART 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

TITLE Regulatory Analyst

DATE 11/ 16/ 2018

Type or print name

E-mail address:

PHONE:

For State Use Only

APPROVED BY:

TITLE Compliance Supervisor

DATE 11/22/18

Conditions of Approval (if any):

RECEIVED
OCT 19 2018

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 30-025-04519-0000
Property Name EUNICE MONUMENT SOUTH UNIT		Well No. 242

7. Surface Location

UL - Lot 1	Section 5	Township 21-S	Range 36-E	Feet from 1980	N/S Line S	Feet From 660	E/W Line E	County LEA
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Well Status

TA'D Well YES	SHUT-IN NO	INJECTOR INS	PRODUCER OIL	DATE 10/25/18
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	—	0	0
Flow Characteristics					NOT INS
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	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

HOBBS

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

NOV 19 2018
RECEIVED

POST WORKOVER TEST
MIT/BHT
M&S services
ser# M&S#3
CAL 10/23/18

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: 10/25/18	Phone:	
Witness: KERRY FORTNER-OCD 575-399-3221		

