

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
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

Form C-103  
June 19, 2008

HOBBS OCD  
DEC 17 2012

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

RECEIVED

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 ☒ Gas Well ☐ Other Int

2. Name of Operator  
XTO Energy, Inc.

3. Address of Operator  
200 N. Loraine, Ste. 800 Midland, TX 79701

4. Well Location  
Unit Letter I : 1980 feet from the South line and 330 feet from the East line  
Section 23 Township 20S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

WELL API NO. <u>30-025-04298</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> <u>Fed</u>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <u>Emice Monument South Unit B</u>
8. Well Number <u>914</u>
9. OGRID Number <u>005380</u>
10. Pool name or Wildcat <u>Monument; Grayburg-San Andres</u>

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

10/23/2012: Good MIT test performed. See chart copy attached. Original submitted to the NMCD.

Spud Date:

Rig Release Date:

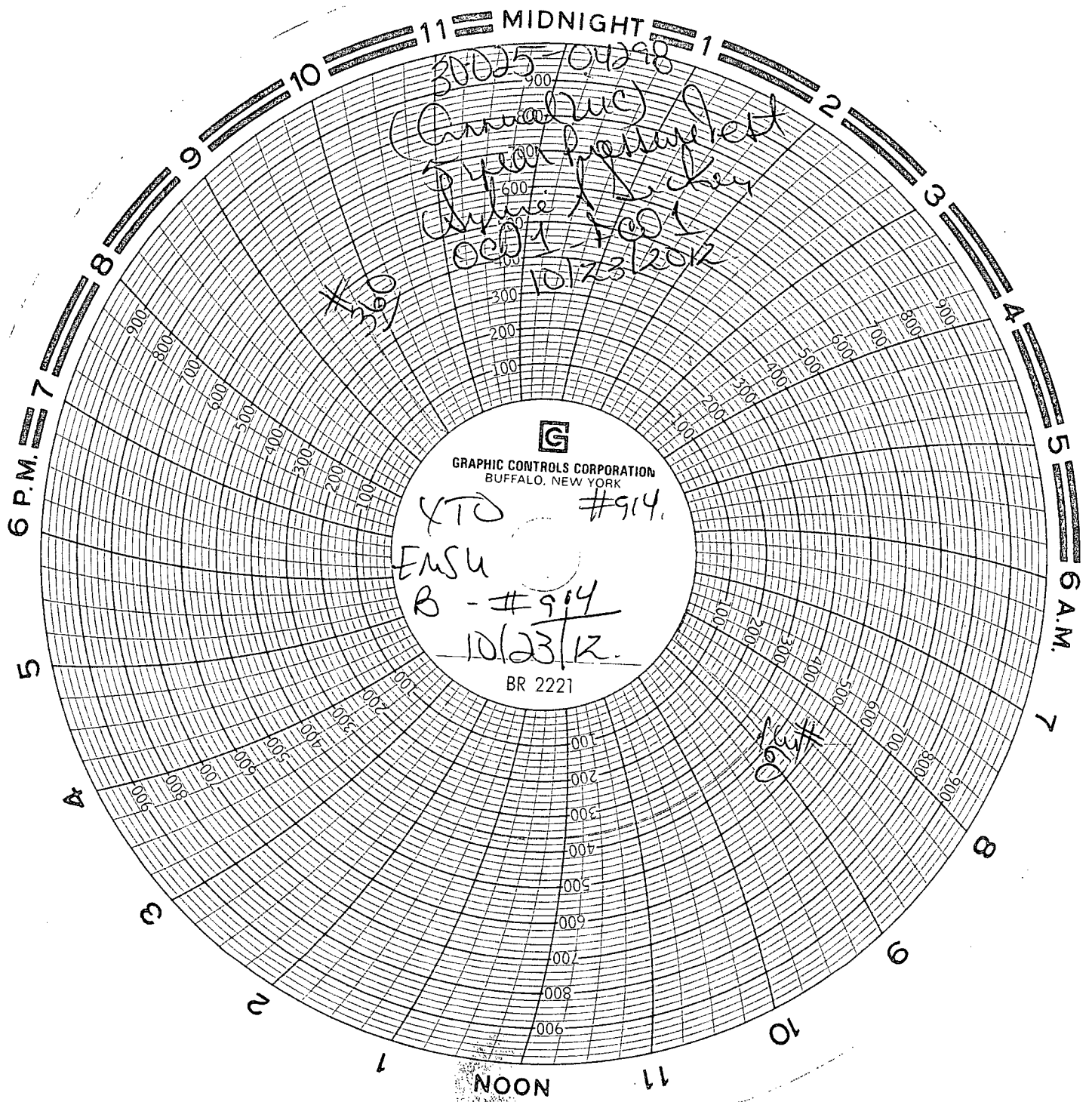
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stephanie Rabadue TITLE Regulatory Analyst DATE 11/10/2012  
Type or print name Stephanie Rabadue E-mail address: stephanie\_rabadue@xtoenergy.com PHONE 432-620-6714

For State Use Only

FOR RECORD ONLY

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 12.18.2012  
Conditions of Approval (if any):



30025-04298  
(Annual) UC  
5 year history  
Julie L. Lick  
0001-1001  
10/23/2012

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GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

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10/23/12  
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