Submit 3 Copies To Appropriate District Office District 1 1625 N. French Dr., Hobbs, NM 872400BBS OIL CONSERVATION DIVISION				Form C-103	
District I			WELL API NO	June 19, 2008	
District II OII, HOODS, NW 8/2490			30-0	25-04464	
District II 1301 W. Grand Ave., Artesia, NM 88210 District III OFC 17 OIL CONSERVATION DIVISION 12002 1220 South St. Francis Dr.			5. Indicate Typ	<i>-</i>	
District III 1000 Rio Brazos Rd., Aztec, NM 87440 Santa Fe, NM 87505 District IV			STATE /	<u> </u>	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & 0	Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name	or Unit Agreement Name:	
(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.)			Eunice Monum	ent South Unit	
1. Type of Well: Oil Well Gas Well Other			8. Well Numbe	8. Well Number	
2. Name of Operator			9. OGRID Num	9. OGRID Number	
XTO Energy, Inc.			005380		
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701			10. Pool name or Wildcat Monument; Grayburg-San Andres		
4. Well Location					
Unit Letter P: 2970 feet from the South line and 330 feet from the East line					
Section 4 Township 21s 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 Othe	er Data	
NOTICE OF INTENTION TO: SUB			BSEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING [
TEMPORARILY ABANDON		COMMENCE DRIL	LING OPNS. 🔲	P AND A	
PULL OR ALTER CASING MULTIPLE COMP	PL 🗆	CASING/CEMENT	JOB 🔲		
DOWNHOLE COMMINGLE					
OTHER:		OTHER: MIT		x	
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 NMOCD.					
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Sound Date:	Dia Dala	nas Data:			
Spud Date:	Rig Relea	ise Date.			
I hereby certify that the information above is true and com	plete to the	best of my knowled	ge and belief.	-	
SIGNATURE STOPPEN SIGNATURE TITLE Regulatory Analyst DATE 11/10/2012					
Type or print name Stephanie Rabadue E-mail address: PHONE 432-620-6714					
For State Use Only FOR RECORD ONLY					
APPROVED BY	TI	rle 12-18.	<u> </u>	_DATE	
Conditions of Approval (if any):					

