Submit 3 Copies To Appropriate District	State of New Mo			Form C-103
Office District I	Energy, Minerals and Natu	iral Resources	WELL API NO.	June 19, 2008
District II OIL CONSERVATION DIVISION			30-025-04290	
1301 W. Grand Ave., Artesia, NM 88210 District III 2012 South St. Francis Dr.			5. Indicate Type of Lease	rea
1000 Rio Brazos Rd., Aztec, NM181101 V 2013 Santa Fe. NM 87505			STATE F	EE 🗆 📗
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease N	lo.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agr	reement 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 Monument South	/ /
1. Type of Well: Oil Well Gas Well Other Tali			8. Well Number	
2. Name of Operator			9. OGRID Number	
XTO Energy, Inc.			005380 10. Pool name or Wildcat	
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701			Eunice Monument; Grayburg-San Andres	
4. Well Location				
Unit Letter E:_	1980' feet from the NO	RTH line and	660' feet from the	West line
Section 23	Township 20S	Range 36E	NMPM Count	ty Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
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NOTICE OF INTENTION TO: SUE			SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		X ALTE	RING CASING 🗌	
MPORARILY ABANDON		NG OPNS. P ANI		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ов 🔲	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
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.				
05/21/2013: Rel RBP. RIH 05/22/2013: L&T TCA to 3	H w/tbg & pkr. Set RBP @ 37 w/tbg & pkr. Set pkr @ 378 50psi for 30 mins, no loss. EIR @ 2bpm w/900psi. RDMO	34'. Press TCA to 3 Witnessed by Mark	350psi w/no loss.	s tbg to
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5 /00 /00				
Spud Date: 5/20/09	Rig Relea	ase Date:		
I hereby certify that the information	above is true and complete to the	e best of my knowledge	e and belief.	
SIGNATURE STEPPANIE	Rabadus TIT		ry Analyst DATE	06/03/2013
Type or print name <u>Stephanie Ral</u>		stephanie_rabadue@ nail address:		432-620-6714
For State Use Only				
APPROVED BY TITLE DATE TO -2013				
Conditions of Approval (if any):		•		

