Submit 3 Copies To Appropriate District Office Energy, Minerals and Natur		Form C-103 June 19, 2008
District I	WELLADINO	Julie 19, 2008
District II 1301 W. Grand Ave., Artesia, NM 88210 BBS OFIL CONSERVATION 1220 South St. France	DIVISION 30-025-04479	<u>z</u>
District III 1220 South St. Fran	neis Di.	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV		
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELI (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 PROPOSALS.)	R PLUG BACK TO A Funice Monument South Ind	
1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number	
2. Name of Operator	9. OGRID Number	
XTO Energy, Inc.	005380	
3. Address of Operator	10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701 Eunice Monument; Grayburg-San And		g-San Andres
4. Well Location		
Unit Letter B : 660 feet from the North line and 1980 feet from the East line		
^	Range 36E NMPM County	Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12 Cheek Ammeniete Devite Indicate Neture of Notice Department on Other Dete		
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		·:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
		·
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
OTHER:	OTHER: Failed Bradenhead	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.		
XTO Energy, Inc received violation on 600# press on csg. NMOCD requested that the well be monitored for press build-up and info reported to NMOCD.		
48hr SI press: 250psi, bled down in 5secs.		
	•	
Spud Date: Rig Releas	e Date:	
I havely costify that the information above is true and complete to the heat of my lynous later and help.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE JAMU KADAGUU TITLE Regulatory Analyst DATE 06/10/2013		
Type or print name <u>Stephanie Rabadue</u> E-mail address: PHONE <u>432-620-6714</u>		
For State Use Only		
APPROVED BY Strength TITLE 15. MGZ DATES-17-2013		
Conditions of Approval (if any):		
	JUN 25	2013