District I unoper OCD ^{5,} , which and related to be a set of the se	Form C-103 June 19, 2008
Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources District HOBS OCD 1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION	
	30-025-04571
	e Type of Lease
District IV	
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 6. State O 87505	il & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease 1	Name or Unit Agreement Name: forument South Unit
1. Type of Well: 0il Well 8. Well N 0il Well Gas Well/ Other Injection	umber 299
2. Name of Operator 9. OGRID	Number
XTO Energy, Inc.	005380
	name or Wildcat
200 N. Loraine, Ste. 800 Midland, TX 79701 Eunice M 4. Well Location	bnument; Grayburg-San Andres
Unit Letter F : 1980 feet from the North line and 1980	feet from the West line
Section 9 Township 21s Range 36E NMPM 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	County Lea
11. Elevation (Snow whether DR, RRB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or	Other Data
12. Check Appropriate Box to indicate Nature of Notice, Report, of	Ouler Data
NOTICE OF INTENTION TO: SUBSEQUEN	IT REPORT OF:
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	P AND A
PULL OR ALTER CASING	
OTHER: OTHER: Failed Bradenhead	X
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore d or recompletion.	
XIO Energy, Inc received violation of 560# on csg, NMOCD requested csg be moni	tored for press build-up
and report. 48hr SI press: 140psi, bled down in 5secs.	······
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief	
I hereby certify that the information above is true and complete to the best of my knowledge and belief SIGNATURE Ataphani Raladul TITLE Regulatory Analyst	DATE 06/10/2013
I hereby certify that the information above is true and complete to the best of my knowledge and belief	DATE 06/10/2013
I hereby certify that the information above is true and complete to the best of my knowledge and belief SIGNATURE Atphanic Rabadue TITLE Regulatory Analyst stephanie rabadue@xtoenergy Type or print name Stephanie Rabadue	DATE <u>06/10/2013</u>
I hereby certify that the information above is true and complete to the best of my knowledge and belief SIGNATURE Atphanic Raladue TITLE Regulatory Analyst stephanic rabadue@xtoenergy	DATE 06/10/2013 .com PHONE 432-620-6714
I hereby certify that the information above is true and complete to the best of my knowledge and belief SIGNATURE A EXAMI Raladue TITLE Regulatory Analyst stephanie rabadue@xtoenergy Type or print name Stephanie Rabadue For State Use Only	DATE <u>06/10/2013</u>