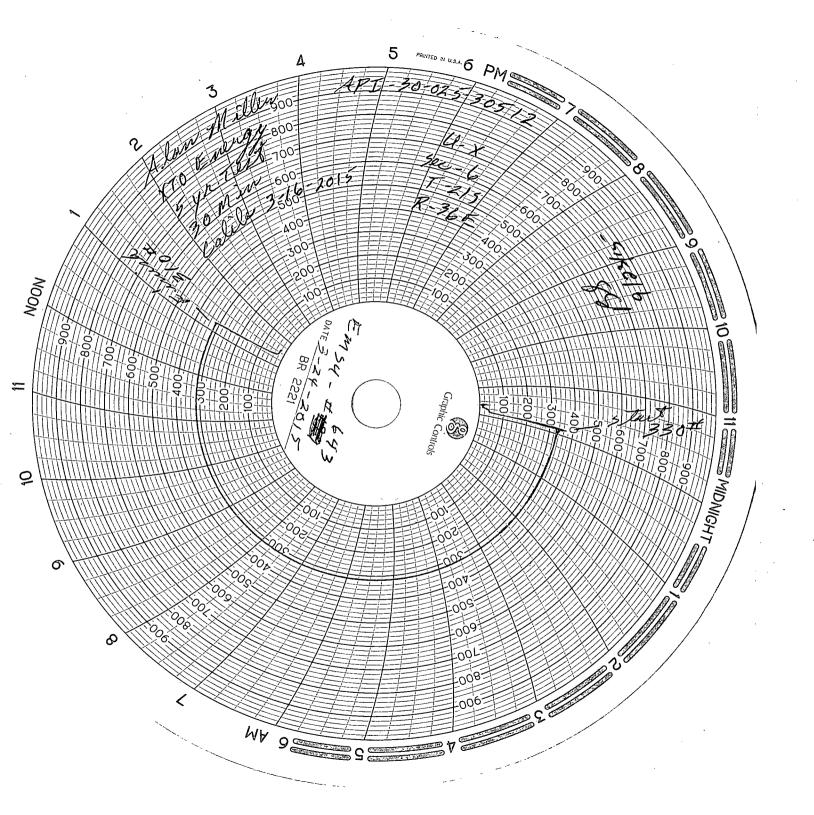
Submit 1 Copy To Appropriate District	State of New		Form C-103
Office District I	Energy, Minerals and N	atural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OIL: CONSERVAT	ION DIVISION	30-025-30512
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NN	A 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.
SUNDRY NOTICE	ES AND REPORTS ON V	VELLS	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 Monument South Unit
	Gas Well Other	SFP 0 8 2015	8. Well Number 643
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380
3. Address of Operator RECEIVEL 500 W. Illinois St Ste 100 Midland, Texas 79701			10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres
4. Well Location			
Unit Letter::	1275 feet from the So	uth line and	1275 feet from the East line
Section 6 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 Other Data			
NOTICE OF INTE			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	·	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ОВ 🔲
DOWNHOLE COMMINGLE		•	
CLOSED-LOOP SYSTEM			
OTHER:		OTHER:	
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 03/23/2015: XTO Energy, Inc ran a good MIT/Bradenhead test. Good chart and form attached. 			
	•	•	
		·	
Spud Date:	Rig Ro	elease Date:	
I hereby certify that the information a	bove is true and complete to	the best of my knowledge	ge and belief.
SIGNATURE Atephanie	Robadue	TITLE Regulatory Analy	DATE 08/25/2015
Type or print name Stephanie Rabac	lue I	E-mail address:	PHONE 432-620-6714
For State Use Only	0	stephanie_rabadue@x	
APPROVED BY Soll X Conditions of Approval (if any):	fonawah	TITLE State	4 Manage DATE 9/23/200

SEP 2-5-20151.

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