Submit 1 Copy To Appropriate District State of New Energy, Minerals and		Form C-103 Revised July 18, 2013			
District I 1625 N. French Dr., Hobbs, NM 88240		WELL API NO.			
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVA	TION DIVISION	<b>30-025-04572</b> 5. Indicate Type of Lease			
District III 1220 South St		STATE X FEE			
1000 Rio Brazos Rd., Aztec, NM 87410  Santa Fe, N    District IV	M 87505	6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM _87505		o. State off te Gas Lease 110.			
SUNDRY NOTICES AND REPORTS ON		7. Lease Name or Unit Agreement Name:			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM		Eunice Monument South Unit			
PROPOSALS.)	HOBBS OCE	8. Well Number			
1. Type of Well: Oil Well 🔲 Gas Well 🗌 Other Inje	ction	340			
2. Name of Operator XTO Energy, Inc.	SEP () 8 2013	9. OGRID Number 005380			
3. Address of Operator 500 W. Illinois St Ste 100 Midland, Texas 79701	Address of Operator 500 W. Illinois St Ste 100 Midland, Texas 79701				
4. Well Location	2 N Bar Nor	······			
Unit Letter N : 660 feet from the S	ine and	<b>1980</b> feet from the <b>West</b> line			
Section 9 Township 21S	Range 36E	NMPM County Lea -			
11. Elevation (Show whe	ether DR, RKB, RT, GR, e	tc.)			
12. Check Appropriate Box to Indic	cate Nature of Notice,	Report, or Other Data			
NOTICE OF INTENTION TO:	SUE	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON					
PULL OR ALTER CASING MULTIPLE COMPL		ЛОВ П			
	-				
OTHER:	OTHER: MIT/Brad	enhead [X			
13. Describe proposed or completed operations. (Clearly state					
of starting any proposed work). SEE RULE 19.15.7.14 NM proposed completion or recompletion.	AC For Multiple Compl	etions: Attach wellbore diagram of			
06/30/2015: XTO Energy, Inc ran a good MIT/Bradenhead test on the well. Bradenhead form previously submitted. MIT chart					
attached.					
		•			
Spud Date: Rig	Release Date:	· · · · ·			
I hereby certify that the information above is true and complete		-			
SIGNATURE OTIPHANIE REDOCTIV	TITLE <b>Regulatory Anal</b>	DATE 08/25/2015			
Type or print name Stephanie Rabadue	E-mail address: stephanie_rabadue@>	PHONE 432-620-6714			
For State Use Only					
APPROVED BY Self Jamamah	TITLE Sta	Af Manago DATE P/ 25/15			
Conditions of Approval (if any):					

SEP	2	8	201
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