Database Sale Press Decision March Sale Sale Press Decision March Sale Decision March March Decision Deci	Submit 1 Copy To Appropriate District Office	State of New M	lexico		Form (
District	District I			WELL APLNO	Revised July	18, 2013
120 S. S. Praccis Dr., Sauna Fe. NM RECENDED	District II	OIL-CONSERVATIO	N DIVISION			V
120 S. S. Praccis Dr., Sauna Fe. NM RECENDED	District III	16 2019 220 South St. Fr	rancis Dr.			
Incorporation Incorporatio	1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM	87505			
Incorporation Incorporatio	1220 S. St. Francis Dr., Santa Fe, NM 87505	CEIVED		6. State Oil &	Gas Lease No.	
Section 15 Gas Well Other Injector Section 15 Other Injector O	SUNDRY NOTIC	CES AND REPORTS ON WE	LLS	7. Lease Name	or Unit Agreement Na	me:
Type of Well: Oil Well Gas Well Other Injector S. Well Number October Octo	DIFFERENT RESERVOIR. USE "APPLI			Eunice Monu	ment South Unit	V
2. Ame of Operator XTO Energy, Inc. 3. Address of Operator S00 W. Illinois St Ste 100 Midland, TX 79701 4. Well-Location Upit Letter F : 1980 feet from the North line and 1980 feet from the West line Section 15 Township 21S Range 38E 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 INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DITHER: DITHER: DITHER: DITHER: DITHER: DITHER: DITHER: DITHER: Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE AMARCA. TITLE Regulatory Analyst DATE 06/09/2016 TOTHER: MIT & Bradenhead TITLE Regulatory Analyst DATE 06/09/2016 TOTHER: MIT & Bradenhead DATE 06/09/2016 TITLE Regulatory Analyst DATE 06/09/2016 TITLE Regulatory Analyst DATE 06/09/2016 TITLE Regulatory Analyst DATE 06/09/2016		Gas Well Other Injector		0.04		/
4. Well-Location Upit Letter F : 1980 feet from the North line and 1980 feet from the West line Section 15 Township 21\$ 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 INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE ORILLING OPNS. P AND A COMMENCE	2. Name of Operator	9. OGRID Number				
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12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	Section 15	Township 21S F	Range 36E	NMPM	County Lea	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK		11. Elevation (Show whether	r DR, RKB, RT, GR, et	tc.)		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK						
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 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 15/13/2016: XTO Energy, Inc ran a goot MIT and bradenhead test. Copy of chart and form are attached. 15. Rig Release Date: 16. Increase of the 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. 15. Rig Release Date: 16. Rig Release Date: 17. Rig Release Date: 17. TITLE Regulatory Analyst 17. DATE 06/09/2016 17. State Use Only 17. State Use Only 17. State Use Only	PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM	CHANGE PLANS	COMMENCE DRILL			NG
of starting any proposed work). SEE RULE 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 05/13/2016: XTO Energy, Inc ran a goot MIT and bradenhead test. Copy of chart and form are attached. Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Attached TITLE Regulatory Analyst DATE 06/09/2016 Type or print name Stephanie Rabadue E-mail address: Stephanie_rabadue@xtoenerg9.com	OTHER:		OTHER: MIT & Bra	denhead		X
Thereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Analyst Type or print name Stephanie Rabadue E-mail address: Stephanie_rabadue@xtoenerg9.com PHONE 432-620-6714	proposed completion or recomp	oletion.				
SIGNATURE Stephanie Rabadue TITLE Regulatory Analyst DATE 06/09/2016 E-mail address: PHONE 432-620-6714 Stephanie_rabadue@xtoenergy.com	Spud Date:	Rig Rele	ease Date:			
Type or print name Stephanie Rabadue E-mail address: PHONE 432-620-6714 stephanie_rabadue@xtoenergy.com	I hereby certify that the information	above is true and complete to th	ne best of my knowledg	ge and belief.		
For State Use Only	SIGNATURE Styliani	Rabadue III	TLE Regulatory Analy	yst	DATE 06/09/2016	
For State Use Only	Type or print name Stephanie Raba				PHONE432-620-6	6714
APPROVED BY Jour DATE 6/20/16	For State Use Only	Si	tephanie_rabadue@x	toenergy.com	1	/
	APPROVED BY	TI	TLE Com dipoke	AFIZIEN	DATE 6/20/1	6

<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

Date: 5-13-2016

HOBBS OCD

JUN 1 6 2016

State of New Mexico **Energy, Minerals and Natural Resources Department** Oil Conservation Division Hobbs District Office

RECEIVED

./	Operator N XTO Energ	r :	30-025-04652		
	Pr Eunice M	Well No. 386			
		7. Surface Lo	action		
/	ownship Range 21S 36E	Feet fro		Feet From 1980	E/W Line County West Lea
	2.0	Well Sta		1700	Trust Lva
/		1 (2) H	SUPPLIES TO		
YES TA'D WELL NO	YES SHUT-IN	NO (INJ) INJECT	SWD OIL	PRODUCER GAS	5-4-2016
		OBSERVEI	DATA		
	(A)Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod C	sng (E) Tubing
ressure	0/				5 630
ow Characteristics	1			K	000
Puff	Y/N	Y / N	Y/N	Y	CO2
Steady Flow	Y / (N)	Y/N	Y/N	Y	WTR
Surges	Y /(Ñ)	Y/N	Y/N		GASType of Fluid
Down to nothing	(Ŷ/ N	Y / N	Y/N		N Injected for
Gas or Oil	Y/(N)	Y/N	Y/N	Y	Waterflood if applies.
Water	Y/®	Y/N	Y/N	Y	
emarks – Please state for eac	ch string (A,B,C,D,E) pertii	nent information regarding	bleed down or continuo	us build up if applies.	
AT COLUMN TO SERVICE S					
ignature: A lan H	Viller - x7	TO Energy	,		RVATION DIVISION
ignature: A lan M rinted name:	Miller - x7	TO Energy		OIL CONSEI Entered into RBDM Re-test	

575-441-1641

Phone: Witness:

