6				
Submit 1 Copy To Appropriate District	State of New Mo	exico	,D	Form C-103
Office District I	State of New Me Energy, Minerals and Natu	iral Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II		HOP E 201	WELL API NO. 30-025	-04557
1301 W. Grand Ave., Artesia, NM 88210 1220 Scorth St. Erongia Division			5. Indicate Type of Lea	ase
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE X	FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505		RECL	6. State Oil & Gas Lea	ise No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit	t 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 So	outh Unit
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number 336	
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380	
3. Address of Operator 500 W. ILLINOIS, SUITE 100			10. Pool name or Wild Eunice Monument;G	
4. Well Location			Eunice Monument, of	ayburg-San Andres
Unit Letter N :	660 feet from the SOUT	H line and	1980 feet from th	e WEST line
Section 8	Township 21S R	ange 36E	NMPM Cou	unty LEA
	11. Elevation (Show whether	Ç		
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REPOR	RT OF:
	PLUG AND ABANDON	REMEDIAL WORK	□ A	
	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS.	ANDA
PULL OR ALTER CASING		CASING/CEMENT JC	ов 🗌	
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: MIT		X
 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. 05/02/2017: Good MIT test performed. See chart copy attached. Original submitted to the NMOCD. 				
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information	above is true and complete to the	e best of my knowledge	and helief	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE William TITLE Regulatory Analyst DATE 05/17/2017				
Type or print name Nikki Valenzuela E-mail address:				ONE 432-571-8227
	yv	vonne_valenzuela@xte		
APPROVED BY Rerry 72t TITLE COmplia ~ Ce OFF. LODATE 5-26-15				
Conditions of Approval (if any):				

