

Submit 1 Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

**HOBBS OCD**

**JUL 26 2017**

**RECEIVED**

**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-025-12542</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>Injector</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>XTO Energy, Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>500 W. ILLINOIS, SUITE 100</b>		7. Lease Name or Unit Agreement Name: <b>Eunice Monument South Unit B</b>
4. Well Location Unit Letter <b>E</b> : <b>1980</b> feet from the <b>NORTH</b> line and <b>660</b> feet from the <b>WEST</b> line Section <b>13</b> Township <b>20S</b> Range <b>36E</b> NMPM County <b>LEA</b>		8. Well Number <b>879</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3553' GL</b>		9. OGRID Number <b>005380</b>
		10. Pool name or Wildcat <b>Eunice Monument; Grayburg-San Andres</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: **FAILED BRADENHEAD TEST** ☒

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.

XTO Energy respectfully requests the following pursuant to a failed annual MIT:

1. POOH w/tbg & pkr.
2. Reset pkr.
3. Run good MIT.

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

If it is found that casing integrity issues are the cause of the failure, a follow-up C-103 NOI will be provided to NMOC and the district office worked with.

A closed-loop system will be used for this operation.  
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 Lindsay Deaver TITLE **Regulatory Analyst** DATE **7/12/2017**

Type or print name **Lindsay Deaver** E-mail address: lindsay\_deaver@xtoenergy.com PHONE **432-221-7307**

**For State Use Only**  
APPROVED BY Alay St. Brown TITLE AD/II DATE 7/26/2017  
Conditions of Approval (if any):

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

REC'D / MIDLAND

MAY 11 2017

HOBBS DISTRICT

BRADENHEAD TEST REPORT

JUL 26 2017	Operator Name XTO Energy, Inc	API Number 30-025-12542
	Property Name Eunice Monument South Unit B	Well No. 879

RECEIVED

1. Surface Location

UL - Lot E	Section 13	Township 20S	Range 36E		Feet from 1980	N/S Line North	Feet From 660	E/W Line West	County Lea
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	<input checked="" type="radio"/> INJ	INJECTOR SWD	PRODUCER OIL	GAS	DATE 5-2-2017
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure					
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ___
Surges	Y / N	Y / N	Y / N	Y / N	GAS ___
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Failed pre-Test - Pressured up to 200# and lost PSI,

FAILED

Signature: <u>Alan Miller - XTO</u>	OIL CONSERVATION DIVISION
Printed name: <u>ALAN MILLER</u>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <u>5-2-2017</u>	Phone: <u>575-441-1641</u>
Witness:	