Submit I Copy To Appropriate District Office	State of Ne Energy, Minerals and		Form C-103 Revised July 18, 2013	
District I 1625 N. French Dr., Hobbs, NM 88240		Q _O	WELL API NO. 30-025-04479	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVA	ATION DIVISION	5. Indicate Type of	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South S Santa Fe 3	St. Franks Dr. 14 687505, 1018	STATE X	FEE 🔲
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Suma 1 c,	St. From Dr. 100 P. 100	6. State Oil & Gas	Lease No.
CUNDRY NOTICES AND DEPORTS ON WELLS			7. Lease Name or U	Jnit Agreement Name:
(DO NOT USE THIS FORM FOR PROF DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	POSALS TO DRILL OR TO DEFI ICATION FOR PERMIT" (FOR	EPEN OR RIVE BACK TO A M C-101) KOR SUCH	Eunice Monument	
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number 181	
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380	
3. Address of Operator 6401 Holiday hill Rd., Bldg 5			10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres	
4. Well Location			<u> </u>	
Hnit Letter B :	660 feet from the	North line and	1980 feet from	the East line
Section 4	Township 21S			County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
ra. Chora	ippropriate Box to mar	outo i tuturo or i tonoc, i	report, or other 2	
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON [REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. 🔲	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL [CASING/CEMENT J	ов 🖂	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:	1 (Cl. 1 4)	OTHER: MIT/Brade		X
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.				
7/9/2018: XTO Energy ran a good MIT and Bradenhead test. 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	e and belief.	
SIGNATURE		TITLE Regulatory Analy	st	DATE 7/9/2018
Type or print name Lindsay Deaver		E-mail address:		PHONE 432-221-7307
For State Use Only		lindsay_deaver@xtoen		/ /
APPROVED BY GLORING	own	_ TITLE Complime Super	er Officer Di	ATE 7/17/18
Conditions of Approval (if any):		Super	wi50N	
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State of New Mexico Energy, Minerals and Natural Resources Department

Oil Conservation Division Hobbs District Office

JUL 1 6 2018

RECEIVED BRADENHEAD TEST REPORT **Operator Name** API Number 30-025-04479 Property Name 7. Surface Location Section Township. Range Feet from N/S Line Feet From E/W Line County 660 A/S 9.81) Well Status TA'D WELL SHUT-IN NIJECTOR PRODUCER YES YES SWD OIL GAS **OBSERVED DATA** (A)Surface (B)Interm(1) (C)Interm(2) (D)Prod Csng (E)Tubing Pressure 380 Flow Characteristics CO2 ___ Pull YIAD Y /🔊 Y / N WTR Steady Flow Y 7 35 Y/XD Y/NGAS Surges YIN YIM YIN YIN Type of Fluid N 10 Down to nothing Y/NInjected for Waterflood if Gas or Oil Y // N Y/NYN Y /N upplics Water YIN YPA Y/N Y / A Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies. Signature OIL CONSERVATION DIVISION X70 Eng. Entered into RBDMS Frinted name: Re-test Title: E-mail Address Date: Phone: Winess:

