

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

OIL CONSERVATION DIVISION

SEP 10 2018
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS (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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO Energy, Inc.	6. State Oil & Gas Lease No.
3. Address of Operator 6401 Holiday Hill rd., Bldg 5	7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
4. Well Location Unit Letter B : 660 feet from the NORTH line and 1980 feet from the East line Section 21 Township 21S Range 36E NMPM County Lea	8. Well Number 438
	9. OGRID Number 005380
	10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres
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 ☐
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 MIT** ☐

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. RIH w/tbg & pkr
4. 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 causes of the failure, a follow up C103 will be provided to NMOCD & the district office worked with.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

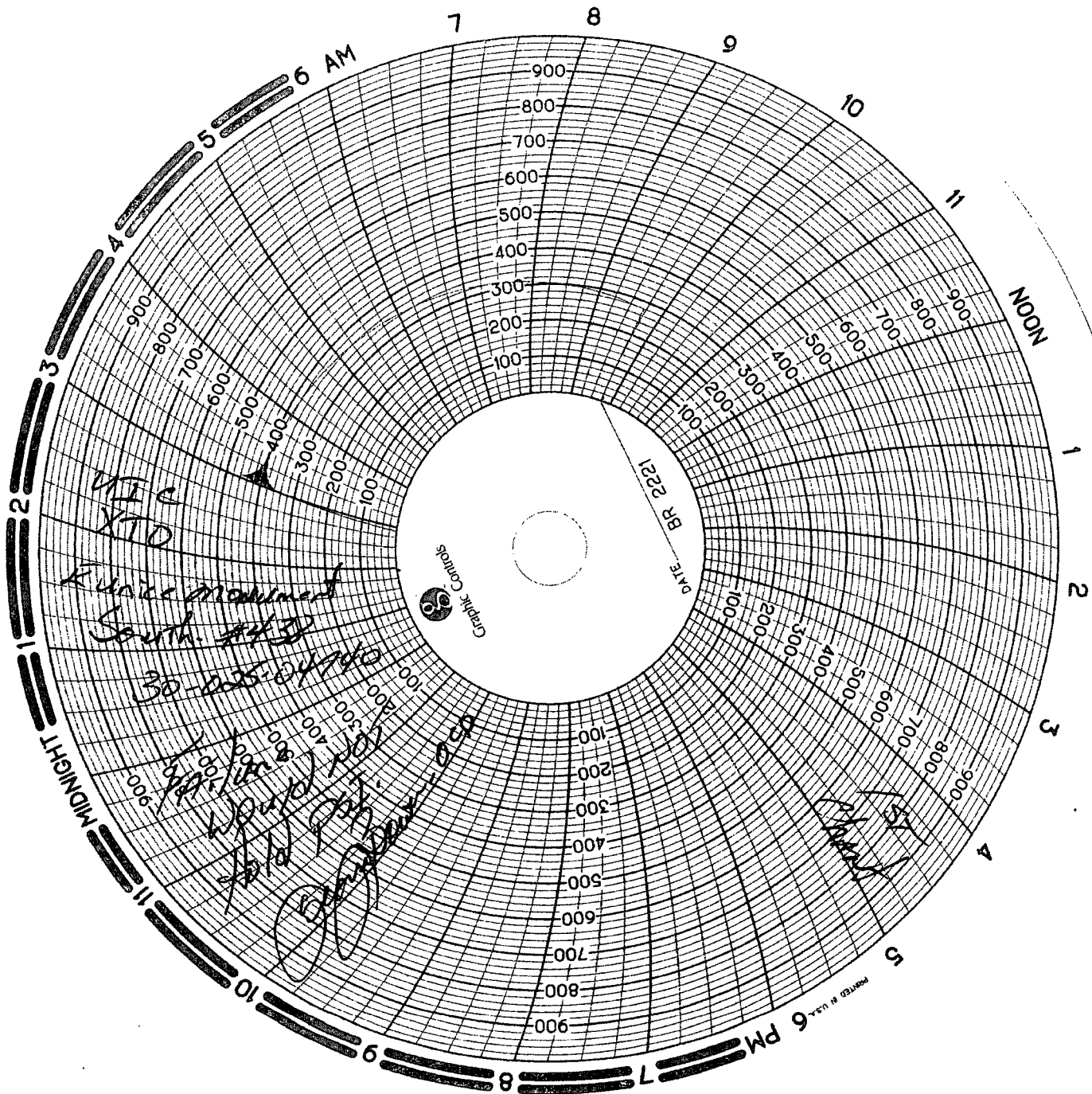
SIGNATURE Lindsay Deaver TITLE **Regulatory Analyst** DATE **9/10/2018**

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

For State Use Only

APPROVED BY Mary Brown TITLE AO/I DATE 9/11/2018

Conditions of Approval (if any):



MIC
XTO

Kunice monument
South #43

30-25-0440

Handwritten notes and signatures in the lower-left quadrant, including "30-25-0440" and "30-25-0440".

DATE BR 2221

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