

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
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

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

WELL API NO. 30-025-34823	04302
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> <i>Federal</i>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT B	
8. Well Number 918	
9. OGRID Number 005380	
10. Pool name or Wildcat	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN A WELL OR TO PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM 101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection <input type="checkbox"/>
2. Name of Operator XTO ENERGY, INC.
3. Address of Operator 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707
4. Well Location Unit Letter <u> </u> M <u> </u> : <u> </u> 600 <u> </u> feet from the <u> </u> South <u> </u> line and <u> </u> 660 <u> </u> feet from the <u> </u> West <u> </u> line Section <u> </u> 23 <u> </u> Township <u> </u> 20S <u> </u> Range <u> </u> 36E <u> </u> NMPM <u> </u> County <u> </u> LEA <u> </u>
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: COMPLETION OPERATIONS ☐

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, Inc. respectfully requests to perform the following procedure after a failed MIT:

1. POOH w/tbg & pkr.
2. Locate and repair reason for MIT failure.
3. RBIH with tbg and Pkr.
4. Reset pkr.
5. Run a good MIT.

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

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 Cheryl Rowell TITLE Regulatory Coordinator DATE 04/19/2019
Type or print name Cheryl Rowell E-mail address: cheryl_rowell@xtoenergy.com PHONE: 432-571-8205
For State Use Only

APPROVED BY: Greg Salzman TITLE Compliance Officer DATE 4-23-19
Conditions of Approval (if any):