

Submit 3 Copies 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
May 27, 2004

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

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.)		WELL API NO. 30-025-34138
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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 200 N. Lorraine, Ste 800, Midland, Texas 79701		7. Lease Name or Unit Agreement Name Eunice Monument South Unit
4. Well Location Unit Letter <u>G</u> : <u>1430</u> feet from the <u>North</u> line and <u>1411</u> feet from the <u>East</u> line Section <u>10</u> Township <u>21S</u> Range <u>36E</u> NMPM Lea County		8. Well Number <u>669</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>005380</u>
Pit or Below-grade Tank Application Xor Closure <input type="checkbox"/>		
Pit type <u>steel</u> Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. MIRU. ND WH. NU BOP. TOH w/rods, tbg & pmp.
2. PU & RIH w/bit on 2-7/8" WS to PBTD 3878'. POH w/WS & tools. CO fill if necessary.
3. RU WL. RIH w/GR/CCL log & log from PBTD up to 3000'.
4. RIH w/csg gun 3 spf (120 deg phase). Perf Grayburg interval from 3740-60 (60 holes). POH w/L. RD Cudd. WL.
5. TIH w/treating pkr on 2-7/8" WS. Test prod tbg in hole to 5000 psi below slips. Load backside w/brine water. Set pkr @ 3700'.
6. RU Cudd. Pmp 5000 gals 15% NEFE & 3000# Coarse Rock salt. Max treating press 4000 psi. attempt to achieve 5 BPM.
7. Monitor backside for communication. RD Cudd.
8. Flowback well to tank.
9. Once well is dead. Relse pkr & TIH w/WS.
10. TIH w/tbg. ND BOP. NU WH. TIH w/rods & pmp. Return well to produ. Shoot fluid levels. Test well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE DeeAnn Kemp TITLE Regulatory DATE 10/12/05

Type or print name DeeAnn Kemp E-mail address: _____ Telephone No. 432-620-6724

For State Use Only

APPROVED BY: Hayden Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 20 2005
Conditions of Approval (if any) _____