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

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

HOBBS OCD
JUL 16 2018
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Form C-103
Revised July 18, 2013

WELL API NO.	30-025-06290
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No.	

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.)

7. Lease Name or Unit Agreement Name:	Eunice Monument South Unit
1. Type of Well: Oil Well [ ] Gas Well [X] Other INJ	8. Well Number 116
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

Unit Letter **K** : **1980** feet from the **SOUTH** line and **1980** feet from the **WEST** line

Section **30** Township **20S** Range **37E** NMPM County **LEA**

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* **3536 GR**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	P AND A [ ]
PULL OR ALTER CASING [ ]	MULTIPLE COMPL [ ]	CASING/CEMENT JOB [ ]	
DOWNHOLE COMMINGLE [ ]			
CLOSED-LOOP SYSTEM [ ]			
OTHER: [ ]		OTHER: **Bradenhead/MIT**	[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- Good MIT test performed. See chart copy attached. Original submitted to the NMOCD.

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 **7/9/2018**

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

For State Use Only

APPROVED BY Kerry Brown TITLE Compliance Officer Supervisor DATE 7/17/18

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name	API Number
XTO	30-025-06290
Property Name	**Well No.**
Eunice Monument South	116

Surface Location

UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
K	30	20S	37E		1980	S	1980	W	Lea

Well Status

TA'D WELL		SHUT-IN		INJECTOR		PRODUCER		DATE
YES	(NO)	YES	(NO)	(INJ)	SWD	OIL	GAS	6/11/18

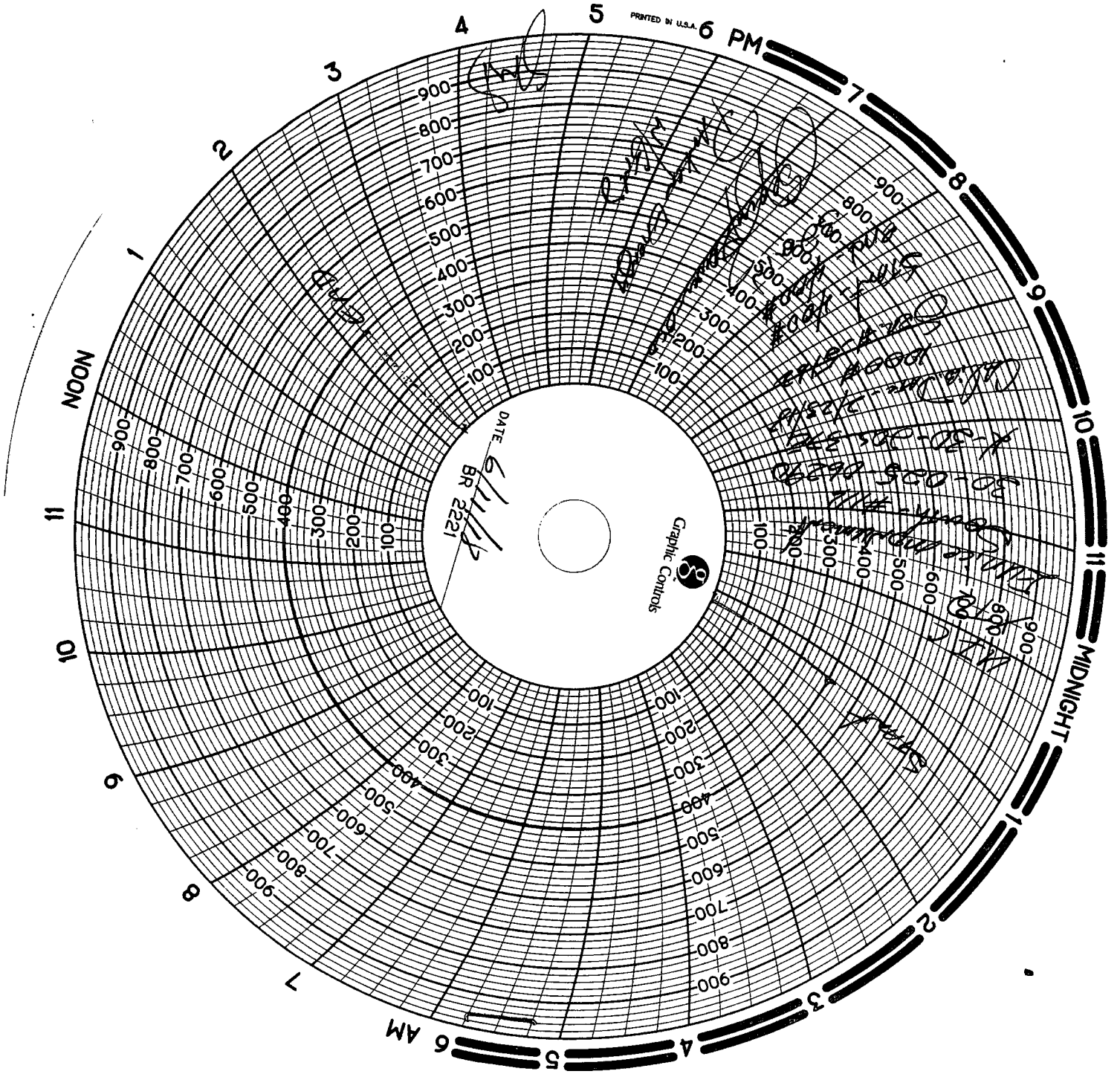
OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	0	—	—	0	50
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.

Signature:		OIL CONSERVATION DIVISION
Printed name: Chris Cebelle XTO Energy		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: 6/11/18	Phone:	
	Witness: Bowe	

INSTRUCTIONS ON BACK OF THIS FORM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