

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.  
30-025-37318

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
300717

7. Lease Name or Unit Agreement Name  
Eunice Monument South Unit

8. Well Number 577

9. OGRID Number  
005380

10. Pool name or Wildcat  
Eunice Monumnet; Graybug-San Andres

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 ☒ Gas Well ☐ Other

2. Name of Operator  
XTO Energy, Inc

3. Address of Operator 6401 Holiday Hill, Rd #5  
Midland, Tx 79707

4. Well Location

Unit Letter B : 10 feet from the North line and 2365 feet from the East line  
Section 6 Township 21S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3539' GR

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: TA Extension ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: TA w/chart ☒

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.

09/19/2019: XTO Energy, Inc. ran a good MIT and bradenhead test pursuant to the 09/09/219 requested.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 9-20-20  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: X7

Spud Date:

Rig Release Date:

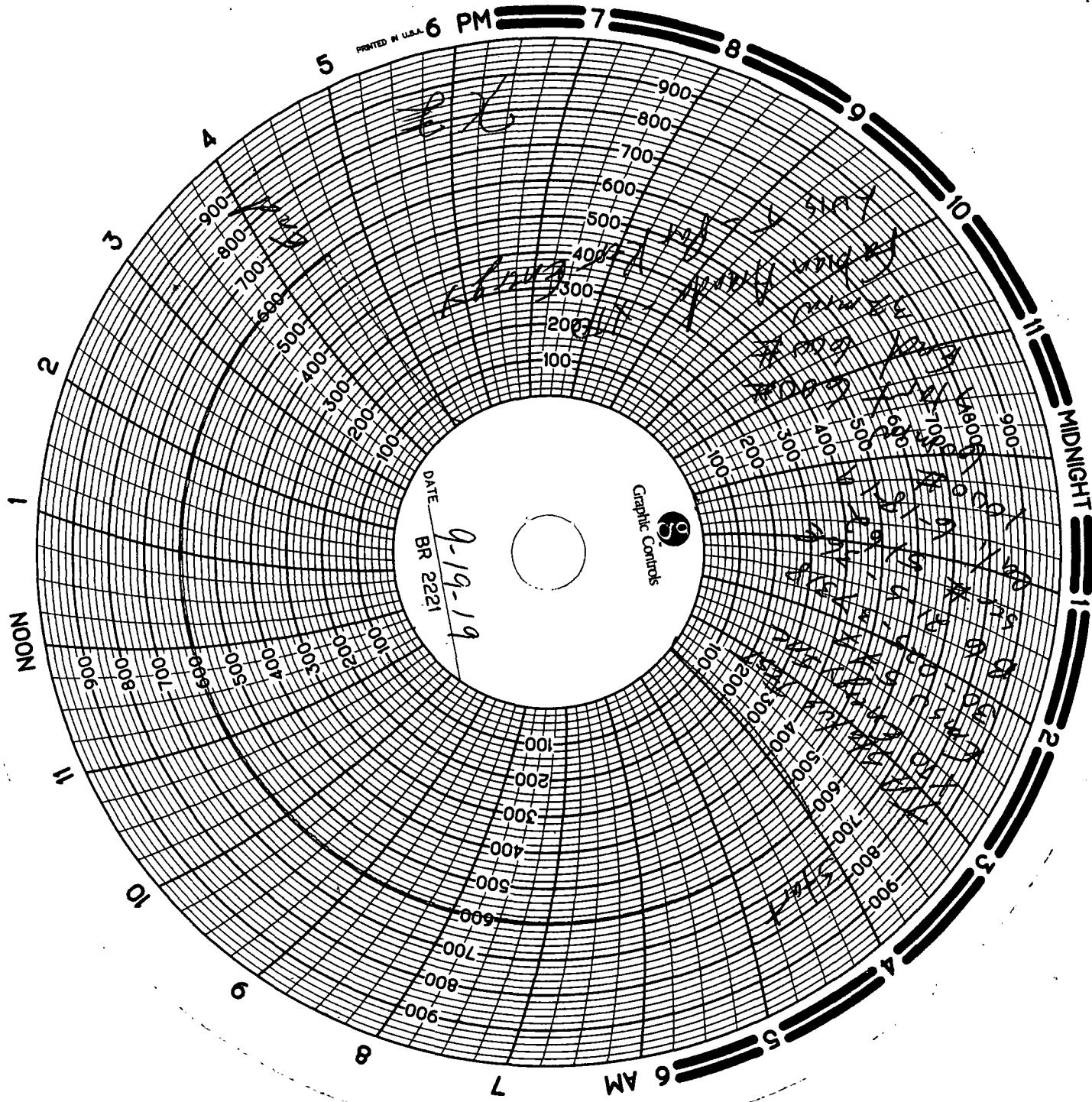
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cassie Evans TITLE Regulatory Analyst DATE 10/09/19

Type or print name Cassie Evans E-mail address: cassie.evans@xtoenergy.com PHONE: 432.218.3671  
**For State Use Only**

APPROVED BY: Kerry Fortner TITLE C.O. A DATE 10-25-19  
Conditions of Approval (if any)

PRINTED IN U.S.A. 6 PM 7 8 9 10 11



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

**BRADENHEAD TEST REPORT**

|                                                      |                                  |
|------------------------------------------------------|----------------------------------|
| Operator Name<br><b>XTO Energy</b>                   | API Number<br><b>300253 7318</b> |
| Property Name<br><b>Eunice Monument 50. Unit 577</b> | Well No.<br><b>577</b>           |

**1. Surface Location**

|                      |                      |                         |                      |                        |                      |                          |                      |                      |
|----------------------|----------------------|-------------------------|----------------------|------------------------|----------------------|--------------------------|----------------------|----------------------|
| UL - Lot<br><b>B</b> | Section<br><b>06</b> | Township<br><b>91-S</b> | Range<br><b>36-E</b> | Feet from<br><b>10</b> | N/S Line<br><b>N</b> | Feet From<br><b>2365</b> | E/W Line<br><b>E</b> | County<br><b>LEA</b> |
|----------------------|----------------------|-------------------------|----------------------|------------------------|----------------------|--------------------------|----------------------|----------------------|

**Well Status**

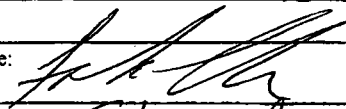
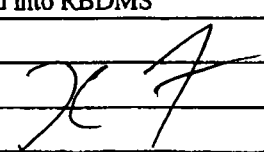
|                                                                                  |                                                                     |                                                                       |                                                                                  |                        |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|
| TA'D WELL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SHUT-IN<br><input type="checkbox"/> YES <input type="checkbox"/> NO | INJECTOR<br><input type="checkbox"/> INJ <input type="checkbox"/> SWD | PRODUCER<br><input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS | DATE<br><b>9-19-19</b> |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|

**OBSERVED DATA**

|                             | AS-01                                     | AS-02                                     | AS-03                                     | AS-04                                     | AS-05                                                                                      |
|-----------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Pressure</b>             | 0                                         | 0                                         | 0                                         | 0                                         | 0                                                                                          |
| <b>Flow Characteristics</b> |                                           |                                           |                                           |                                           |                                                                                            |
| Puff                        | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N                                                  |
| Steady Flow                 | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N                                                  |
| Surges                      | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N                                                  |
| Down to nothing             | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N                                                  |
| Gas or Oil                  | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N                                                  |
| Water                       | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N | Y / <input checked="" type="checkbox"/> N                                                  |
|                             |                                           |                                           |                                           |                                           | CO2 ___<br>WTR ___<br>GAS ___<br>Type of Fluid<br>Injected for<br>Waterflood if<br>applies |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**Parker Energy - Luis T.**  
**ser # 5162**  
**Call 6-18-19**

|                                                                                                |                            |                                                                                       |  |
|------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------|--|
| Signature:  |                            | <b>OIL CONSERVATION DIVISION</b>                                                      |  |
| Printed name: <b>Fabian Aranda</b>                                                             |                            | Entered into RBDMS                                                                    |  |
| Title: <b>Wellwork Supervisor</b>                                                              |                            | Re-test                                                                               |  |
| E-mail Address: <b>Fabian-aranda@xtoenergy.com</b>                                             |                            |  |  |
| Date: <b>9-19-19</b>                                                                           | Phone: <b>575-631-2999</b> |                                                                                       |  |
| Witness:                                                                                       |                            |                                                                                       |  |

INSTRUCTIONS ON BACK OF THIS FORM