

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

WELL API NO.
30-025-04432

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

8. Well Number 138

9. OGRID Number 005380

10. Pool name or Wildcat
Eunice Monument; Grayburg San And

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 Water Injection Well

2. Name of Operator
XTO Energy Inc.

3. Address of Operator
200 North Loraine, Suite 800, Midland, Texas 79701

4. Well Location

Unit Letter A: 660 feet from the North line and 660 feet from the East line
Section 36 Township 20-S Range 36-E NMPM Lea County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3541' GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Steel Depth to Groundwater 200' Distance from nearest fresh water well 1000+ Distance from nearest surface water 1000+

Pit Liner Thickness: mil Below-Grade Tank: Volume bbbls Construction Material

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 ☐

OTHER: ☒

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

Pull downhole equipment
Determine cause of communication.
Replace necessary components.
Perform MIT & return well to injection.



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 Tech DATE 11/17/04

Type or print name DeeAnn Kemp E-mail address: deeanne_kemp@xtoenergy.com Telephone No. 432-620-6724
For State Use Only

APPROVED BY: Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 22 2004
Conditions of Approval (if any):