

State of New Mexico
Energy, Minerals and Natural Resources

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

WELL API NO.

30-025-29575

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 247

9. OGRID Number 005380

10. Pool name or Wildcat
Eunice Monument; Grayburg 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 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 J : 1980 feet from the South line and 2120 feet from the East lineSection 6 Township 21-S Range 36-E NMPM Lea County NM

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

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

bbls; 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: ☐

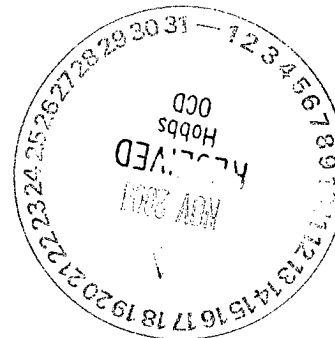
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

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: deeann_kemp@xtoenergy.com Telephone No. 432-620-6724

For State Use Only

APPROVED BY: Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 22 2004

Conditions of Approval (if any):