	Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 May 27, 2004		
	1625 N. French Dr., Hobbs, NM 88240				WELL API NO.		
•	<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-29614 5. Indicate Type	of Lease	
	District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE		
	District IV	Santa Fe, NM 87505			6. State Oil & G	as Lease No.	
	1220 S. 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.)				7. Lease Name or Unit Agreement Name Eunice Monument South Unit		
1	1. Type of Well: Oil Well Gas Well X Other Water Injection Well				8. Well Number	189	
Γ	2. Name of Operator				9. OGRID Num	ber 005380	
\vdash	XTO Energy Inc. 3. Address of Operator				10. Pool name o	vr Wildcat	
	200 North Loraine, Suite 800, Midland, Texas 79701					ent; Grayburg San Andres	
4. Well Location						· • •	
		60 feet from the	North	line and1780	feet from	the East line	
	Section 6	Township 21-S	Range	36-E NM	PM Lea	County NM	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)							
2	Pit or Below-grade Tank Application 🗖 o	or Closure		•			
- 1			arest fresh wa	ter well 1000+ Dista	nce from nearest surf	face water 1000+	
	Pit type_SteelDepth to Groundwater_200'_Distance from nearest fresh water well1000+ 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							
		ITENTION TO:		SUBSEQUENT REPORT OF:			
	PERFORM REMEDIAL WORK X TEMPORARILY ABANDON						
	PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	=	P AND A	
	_			1		_	
_	OTHER: 13. Describe proposed or comp	aleted operations (Clas	rly state all	OTHER:	d give pertipent de	tes including estimated data	
						gram of proposed completion	
	Pull downhole equipment						
	Determine cause of comm	unication.					
Replace necessary components							
	Perform MIT & return we	ll to injection.			(400 L	3	
					(5) O. 50	Po (1)	
					191817819181A	94 55 55	
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					100	3 (6)	
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		7			91914	18170	
-	hamber and C. that the information	-1	1 1		11 1: 6		
I g	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.						
	rade tank has been/will be constructed or	closed according to NMOC	D guidelines	i i a generai dermit i i		'native (JC.IJ-annroved nian I.	
	grade tank has been/will be constructed or SIGNATURE	closed according to NMOC		Regulatory Tech		11/17/04	
S	Grade tank has been/will be constructed or SIGNATURE	-1.	_TITLE_	Regulatory Tech	DATE	_11/17/04	
S	rade tank has been/will be constructed or	-1.	TITLE_ : deeann_k	Regulatory Tech	DATE 1 Telephone	11/17/04 No. 432-620-6724	
S T F	SIGNATURE Type or print name For State Use Only	-1.	TITLE_ : deeann_k OC FIELD	Regulatory Tech	DATE		
S T F	SIGNATURE Type or print name DeeAnn Ker	-1.	TITLE_ : deeann_k	Regulatory Tech	DATE	11/17/04 No. 432-620-6724	