

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. 30-025-04493
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Eunice Monument South Unit
8. Well Number 183
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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other WIW
2. Name of Operator XTO Energy Inc.
3. Address of Operator 200 N. Loraine, Suite 800, Midland, Texas 79701
4. Well Location Unit Letter <u>D</u> ; 660 feet from the <u>North</u> line and 660 feet from the <u>West</u> line Section <u>4</u> Township <u>21-S</u> Range <u>36-E</u> NMPM Lea County New Mexico
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.

1/8/05 MIRU Key Energy Services PU (Adam). ND wellhead. Rel pkr. NU BOP. RU Basin Scanalog unit. POOH w/2-3/8" IPC tbg & pkr, scanalogging tbg. Results indicated 94 jts YB, 21 jts BB, 1 jt GB & 0 jts RB. RD Basin Scanalog. Changed out BOP rams to 2-7/8" tbg. SWI & SDON.

1/9/05 SDF Saturday.

1/10/05 SDF Sunday.

1/11/05 PU 4-3/4" bit & bit sub. RIH w/7 jts of 2-7/8" tailpipe. PU & RIH w/5-1/2" csg scrapper & 121 jts of 2-7/8" WS. Tagged fill @ 3831'. No fill. POOH & LD 9 jts of 2-7/8" tbg. Fin POOH w/tbg & tools. PU & RIH w/5-1/2" TS RBP & 113 jts of 2-7/8" WS. Set RBP @ 3564'. RU Key pmp trk. Circ WB w/100 BW. Press TCA to 500# for 12". TCA tstd good. Bled psig off & rel RBP. POOH LD 2-7/8" WS & tools. SWIFN. Notified Sylvia w/OCD of MIT @ 11:00 a.m.

1/12/05 RU Bo Monk pipe tsters. Tstd 2-3/8", 4.7#, J-55, EUE, 8rd IPC tbg to 5,000 psig below slips. RIH w/5-1/2" AS1X w/T-2 on/off tool, 1.781 F SS nipple & 2-3/8" WL entry guide w/pmp out plug on 116 jts 2-3/8" IPC tbg. Set 5-1/2" pkr @ 3,574' & rel on/off tool. RD Bo Monk. RU Key pmp trk & transport. Circ hole w/90 BW w/42 gals Champion pkr fluid. Latched onto pkr. ND BOP. NU wellhead. Pressd 5-1/2" TCA to 550 psig for 30" & Performed MIT test for NMOCD (Tst was not witnessed by NMOCD), held ok. Pressd 2-3/8" tbg to 1,900 psig & ruptured pmp out plug. RD Key trks. RDMO PU. RWTI.

1/16/05 In 24 hrs, well inj 471 BW @ 403 psig. Final Report

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 [Signature] TITLE Regulatory Tech DATE 2/2/05

Type or print name

For State Use Only

E-mail address: Telephone No.

OCD FIELD REPRESENTATIVE II/STAFF MEMBER

APPROVED BY: [Signature] TITLE DATE

Conditions of Approval (if any):

FEB 08 2005

