

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87424
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

HOBBS OCD

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

AUG 12 2011

RECEIVED

WELL API NO. 30-025-04546
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT
8. Well Number 327
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator XTO ENERGY, INC. ATTN: PATTY URIAS
3. Address of Operator 200 N. LORRAINE, SUITE 800, MIDLAND, TEXAS 79701
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>07</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>LEA</u>

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,601' - GL

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>
Pit type <u>STEEL</u> Depth to Groundwater: _____ Distance from nearest fresh water well: _____ Distance from nearest surface water: _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material <u>NONE WITHIN 1,000'</u>

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emurd.state.nm.us/oed.

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.

08/01/11: TAG EXISTING 5-1/2" CIBP @ 3,700'; CIRC. WELL W/ FXA FLUID; MIX X PUMP A 25 SX. CMT. PLUG @ 3,700'-3,500' (CALC.); PERF. SQZ. HOLES IN 5-1/2" CSG. @ 2,700'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 750# X HELD.

08/08/11: MIX X PUMP A 30 SX. CMT. PLUG @ 2,750'-2.550' (PEF NMOC); PERF. 5-1/2" CSG. @ 1,360'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 1,000# X HELD; MIX X PUMP A 30 SX. CMT. PLUG @ 1,410'; WOC X TAG CMT. PLUG @ 1,215'; PERF. X CIRC. TO SURF. A 120 SX. CMT. PLUG @ 390'-3'.

08/09/11: DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER. WELL PLUGGED AND ABANDONED 08/09/11.

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 NMOC guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David A. Eyer TITLE AGENT DATE 08/11/11
E-mail address: DEYLER@MILACRO-RES.COM
Type or print name DAVID A. EYLER Telephone No. (432) 687-3033

For State Use Only

APPROVED BY [Signature] TITLE State Rep DATE 8-15-2011
Conditions of Approval, if any:

AUG 15 2011