

Submit 1 Copy To Appropriate District Office  
 District I – (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II – (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III – (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV – (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Rec'd 09/16/2020 - NMOCD Form C-103  
 Revised July 18, 2013

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

WELL API NO.	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
8. Well Number	
9. OGRID Number	
10. Pool name or Wildcat	
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> Other <input type="checkbox"/> Injector	
2. Name of Operator	
3. Address of Operator	
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line Section 6 Township 21S Range 36E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

<b>NOTICE OF INTENTION TO:</b> 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 COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT/Bradenhead <input type="checkbox"/>	
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/08/2020: XTO Energy, Inc. ran a good MIT/Bradenhead Test. Good chart and form attached.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stephanie Rabadue TITLE \_\_\_\_\_ DATE \_\_\_\_\_

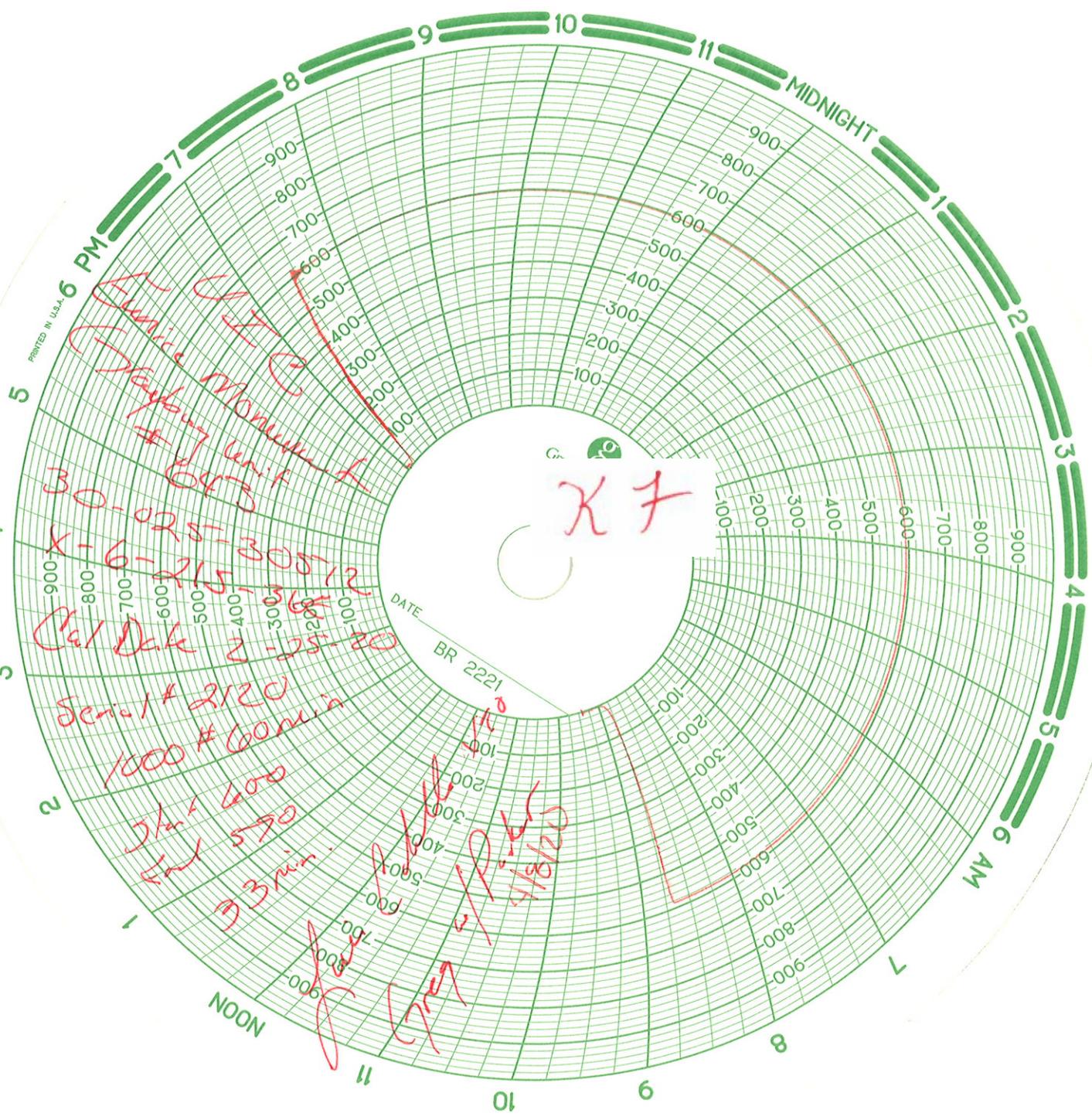
Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 3/11/21

Conditions of Approval (if any):

PRINTED IN U.S.A.



K7

30-025-30012  
 X-6-215-30012  
 Cal Date 2-25-20  
 Serial # 2120  
 1000 # Gon in  
 2A = 400  
 2B = 570  
 @ 35 min.

30-025-30012  
 X-6-215-30012  
 Cal Date 2-25-20

Serial # 2120  
 1000 # Gon in  
 2A = 400  
 2B = 570  
 @ 35 min.

30-025-30012  
 X-6-215-30012  
 Cal Date 2-25-20

Serial # 2120  
 1000 # Gon in  
 2A = 400  
 2B = 570  
 @ 35 min.

DATE  
 BR 2221

30-025-30012  
 X-6-215-30012  
 Cal Date 2-25-20

Serial # 2120  
 1000 # Gon in  
 2A = 400  
 2B = 570  
 @ 35 min.

30-025-30012  
 X-6-215-30012  
 Cal Date 2-25-20

**State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office**

**BRADENHEAD TEST REPORT**

Operator Name XTO Energy, Inc	API Number 30-025-30512
Property Name Eunice Monument South Unit	Well No. 643

**7. Surface Location**

UL - Lot X	Section 6	Township 21S	Range 36E	Feet from 1275	N/S Line South	Feet From 1275	E/W Line East	County Lea
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**Well Status**

TA'D WELL YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	PRODUCER OIL	GAS	DATE 4-8-20
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**OBSERVED DATA**

*verified w/field*

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<del>7.10</del>	N/A	N/A	0	7.10
<b>Flow Characteristics</b>					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 ___
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS ___
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if applies.

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:	OIL CONSERVATION DIVISION
Printed name: Luis Cobello	Entered into RBDMS
Title: lease operator XTO	Re-test <input checked="" type="checkbox"/>
E-mail Address: Luis.Cobello@xtoenergy.com	
Date: 4-8-20	
Phone: 575-671-0386	
Witness:	