

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 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

Energy, Minerals and Natural Resources

May 27, 2004

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

NOV 16 2011

WELL API NO. 30-025-04256
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 B
8. Well Number 869
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>D</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>13</u> Township <u>20S</u> Range <u>36E</u> NMPM County <u>LEA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,559' - 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"/>	

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.

11/04/11: TAG EXISTING 7" CIBP @ 3,520'; CIRC. WELL W/ PKA MID; MIX X PUMP A 35 SK. CMT. PLUG @ 3,520'-3,310' (CALC.); MIX X PUMP A 25 SK. CMT. PLUG @ 2,700'-2,600' (CALC.); PERF. X SQZ. A 50 SK. CMT. PLUG @ 1,062'; WOC.

11/05/11: TAG TOP OF CMT. PLUG @ 935'; PERF. X CIRC. TO SURF. A 150 SK. CMT. PLUG @ 400'-3'; DIG OUT X OUT OFF WELLHEAD 3' B.G.L.; WELD STEEL PLATE ONTO CASINGS X INSTALL DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED 11/05/11.

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

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

For State Use Only

APPROVED BY [Signature] TITLE STATE NAT DATE 11-16-2011
Conditions of Approval, if any:

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
ELECTRONICALLY SIGNED STATEMENT USED.

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