Submit 3 Copies To Appropriate District Office State of New Financy Minerals and N			Form C-103	
District I		WELL API NO	June 19, 2008	
District III District III CONSERVATION DIVISION District III CONSERVATION DIVISION 1220 South St. Francis Dr.		30-0	30-025- 0455 9	
		5. Indicate Typ	/	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV		STATE	x FEE	
District IV 1220 S St Francis Dr, Santa Fe, NMJAN 20 L 87505		6. State Oil & 0	Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name:		
(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		Eunice Monum	Eunice Monument South Unit	
PROPOSALS.) 1. Type of Well:				
Oil Well X Gas Well Other In		8. Well Numbe	265	
2. Name of Operator JAN 2 0 2012		9. OGRID Num	9. OGRID Number	
XTO Energy, Inc.		005380		
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701		10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres		
4. Well Location		- Dance Assume	cater Grayburg Bair Femiles	
Unit Letter P:660 feet from the	South line and	660 feet	from the East line	
Section 3 Township 21S	Panca 2CB	NIMDM	County	
Section 3 Township 218		NMPM .	County Lea	
If the control of the	3607' GL			
12. Check Appropriate Box to Indica	ite Nature of Notice,	Report, or Othe	er Data	
NOTICE OF INTENTION TO: SUB		SSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			ALTERING CASING	
TEMPORARILY ABANDON		LING OPNS. 🔲	P AND A	
PULL OR ALTER CASING MULTIPLE COMPL] CASING/CEMENT	JOB 🗌		
DOWNHOLE COMMINGLE				
OTHER: MIT TA Extension X	OTHER:		П	
13. Describe proposed or completed operations. (Clearly state al		ive pertinent dates	including estimated date	
of starting any proposed work). SEE RULE 1103. For Mult or recompletion.				
TA extension for 6 mos. granted per Mark Whitake	r at OCD 1/18/2012.	Will run MIT.	Plans are to RWTP &	
open additional pay.				
Condition of Apl	proval: Notify OCD H	obbs		
office 24 hours	prior to running MIT	lest & Onart	•	
Coul Date				
Spud Date: Rig Ro	elease Date:			
I hereby certify that the information above is true and complete to	the best of my knowled	ge and belief.		
SIGNATURE Tharon Windman	nimi n		1/10/0010	
SIGNATURE Mandy Mandy	sharon hindman@	ory Analyst xtoenergy.com	DATE1/19/2012	
Type or print name Sharon Hindman I	E-mail address:	32	PHONE <u>432-620-6741</u>	
For State Use Only	\wedge ι			
APPROVED BY Wah Whitake	TITLE Louphan	ce Officer	DATE 1-20-2012	
Conditions of Approval (if any):	1		JAN 2 4 2012	