Submit 3 Copies To Appropriate District Office State of New M Propriet State of New M		Form C-103	
Office Energy, Minerals and Naturals Na	WELL API NO.	June 19, 2008	
1301 W Grand Ave Artesia NM 88210 OIL CONSERVATIO			
District III 2012 1220 South St. Fr		ee 🗆 🖊	
1000 Rio Brazos Rd, Aztec, NM 87AM Santa Fe, NM 8 S	6. State Oil & Gas Lease N		
87505 DECEIVED	o. state on a state of		
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-1) PROPOSALS)	OR PLUG BACK TO A Funice Monument South	7. Lease Name or Unit Agreement Name: Eumice Monument South Unit	
1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number	/	
2. Name of Operator	9. OGRID Number		
XTO Energy, Inc. 3. Address of Operator	10 Pool name or Wildcat	10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701	Eunice Monument; Grayb	ourg-San Andres	
4. Well Location			
Unit Letter <u>F</u> : 1980 feet from the No	rth line and 1980 feet from the	West line	
Section 30 Township 20S	Range 37E NMPM Count	y Lea	
11. Elevation (Show whether	DR, RKB, RT, GR, etc.) 41' GL		
12. Check Appropriate Box to Indicate	Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT (SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON		☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING	CASING/CEMENT JOB	//\	
DOWNHOLE COMMINGLE	o tentorozimizivi gos		
OTHER: MIT TA Extension X	OTHER:		
13. Describe proposed or completed operations. (Clearly state all poof starting any proposed work). SEE RULE 1103. For Multiple or recompletion.	ertinent details, and give pertinent dates, including e		
TA extension for 6 mos. granted per Mark Whitaker convert this well to injection.	at OCD 1/18/2012. Will rum MIT. Plans a	are to	
Condition of Approval : Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart			
-			
Spud Date: Rig Rele	ase Date:		
I hereby certify that the information above is true and complete to the	best of my knowledge and belief.	-	
SIGNATURE Maron Hindran TIT		1/19/2012	
Type or print name Sharon Hindman E-n	sharon_hindman@xtoenergy.com nail address:PHONE	432-620-6741	
For State Use Only APPROVED BY TI	TLE Compliance Officer DATE 1.	-20-2012	
Conditions of Approval (if any):	1		
	NA&	2 4 2012	