

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 87410  
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 OGD CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
MAR 07 2012

WELL API NO. 30-025-04320 ✓
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 ✓
8. Well Number 107 ✓
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	2. Name of Operator XTO ENERGY, INC. ATTN: PATTY URIAS
3. Address of Operator 200 N. LORAIN, SUITE 800, MIDLAND, TEXAS 79701	4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>25</u> Township <u>20S</u> Range <u>36E</u> NMPM County <u>IEA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,548' - 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 _____ bbs; Construction Material <u>*NONE WITHIN 1,000'</u>	

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

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.emnrd.state.nm.us/ocd PULL OR PLUG	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: WELL PLUGGED AND ABANDONED 03/01/12 <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.

02/29/12: TAG EXISTING 5-1/2" CIBP @ 3,677'; PRES. TEST 5-1/2" CSG. TO 600# FOR 10 MINS. - HELD OK;  
CIRC. WELL W/ PXA FLUID; MIX X PUMP A 60 SX. OMT. PLUG @ 3,677'-3,100' (CALC.) (PER NMOCD);  
PUMP A 25 SX. OMT. PLUG @ 1,230'; WOC.

03/01/12: TAG TOP OF OMT. PLUG @ 1,013'; MIX X CIRC. TO SURF. A 50 SX. OMT. PLUG @ 310'-3'; DIG OUT X CUT  
OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CASINGS X INSTALL DRY HOLE MARKER.

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 03/05/12  
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 STAFF MGR DATE 3-8-2012  
Conditions of Approval, if any:

MAR 08 2012