Submit 3 Copies To Appropriate District	State of New Me		Form C-103	
Office District I	Energy, Minerals and Natu		WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave, Artesia, NM 88210 1220 South St. Francis Dr			30-025-30063	
1301 W. Grand Ave, Artesia, NM 88210 District III 1220 South St. Francis Dr.			5. Indicate Type of Lea	
1000 Rio Brazos Rd, Aztec, NM 87412 6 2012 Santa Fe, NM 87505			STATE X	FEE 🗆
District IV. 1220 S. St. Francis Dr , Santa Fe, NM 87505			6. State Oil & Gas Lea	se No.
SUNDRY RECEIVED AND REPORTS ON WELLS			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 PROPOSALS.)			Monstate /	
1. Type of Well: Oil Well ☐ Gas Well' ☒ Other			8. Well Number 6	
2. Name of Operator XTO Energy, Inc.			9. OGRID Number / 005380	
3. Address of Operator			10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location			Eumont; Yates-7 Rvrs-Queen	
Unit Letter J: 1980' feet from the South line and 1750' feet from the East line				
Section 13 Township 19S 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				
NOTICE OF INTENTION TO: SUBS			SEQUENT REPOF	RT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			☐ AI	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLI			AND A
_				
PULL OR ALTER CASING	MULTIPLE COMPL L	CASING/CEMENT J	ОВ 🔲	
DOWNHOLE COMMINGLE				
OTHER: Extend TA Status	X	OTHER:		
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.				
XTO ENERGY, Inc would like to request a 3 month TA extension on Monstate #6 pending a good MIT chart.				
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Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information a	shove is true and complete to the	heet of my knowledg	e and balief	
l .	\(\)	best of my knowledge	e and bener.	
SIGNATURE ALPAYMIE	Kabadul TIT	LE <u>Regulato</u> stephanie rabadue@	ry Analyst DAT	TE 07/13/2012
Type or print name STEPHANIE RABADUE E-mail address: PHONE 432-620-6714				
For State Use Only				
APPROVED BY TITLE DIST. 11 DATE -16-2012				
Conditions of Approval (if any): JUL 16 2012				
/ (اللك	16 2012