

Submit 3 Copies To Appropriate District
Office
District I

1625 N. French Dr., Hobbs, NM 88240
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

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

Form C-103
May 27, 2004

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.)		WELL API NO. 30-025-34846
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO Energy Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 200 N. Loraine, Ste 800, Midland, Texas 79701		7. Lease Name or Unit Agreement Name Eunice Monument South Unit
4. Well Location Unit Letter <u>2L</u> 2868 feet from the North line and 335 feet from the West line Section 5 Township 21S Range 36E NMPM Lea County New Mexico		8. Well Number 596
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3575'		9. OGRID Number 005380
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type <u>steel</u> Depth to Groundwater <u>150</u> Distance from nearest fresh water well <u>1000+</u> Distance from nearest surface water <u>10000+</u>		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER:

put back on production ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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.

1. MIRU PU, ND WH. NU BOP. MI & rack up 2-7/8" WS.
2. PU & RIH w/bit on 2-7/8" WS to 4040'. POH w/WS & tools. CO fill if necessary.
3. TIH w/pkr on 2-7/8" WS. Set pkr @ 4010'. Set pkr to enable swabbing of only the perfs from 4020-30'.
4. RU swab & swab perfs fr/4020-30' to verify fluid entry & oil cut. (If results are satisfactory, then proceed to step #5. If unsatisfactory then proceed to step #8.
5. RU Cud.. Pmp 3000 gals 15% HCL. Max treating pressure should be 4000 psi. Attempt to achieve 5-BPM. RD Cudd.
6. Flowback well to tank with steel lines.
7. Once well is dead. Swab well to attempt to determine productivity.
8. Relse pkr & TOH w/WS.
9. Specific AL design to be determined from swab results.

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 DeeAnn Kemp TITLE Regulatory DATE 5/2/05

Type or print name DeeAnn Kemp

E-mail address:

Telephone No. 432-620-6724

For State Use Only

APPROVED BY: Larry W. Wink FIELD REPRESENTATIVE II/STAFF MANAGER

Conditions of Approval (if any)

MAY 05 2005