Submit 3 Copies To Appropriate District	State of	New Mex	kico	Form C-103			
Office District I	Energy, Minerals and Natural Resources			May 27, 2004			
1625 N. French Dr., Hobbs, NM 88240	French Dr., Hobbs, NM 88240			WELL API NO.			
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-04506			
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE X FEE			
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			6. State Oil & Gas Lease No.			
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	•			0. State Off & Gas	Lease 140.]	
87505							
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	•	it Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				Eunice Monument	South Unit		
PROPOSALS.)				8. Well Number	224		
1. Type of Well: Oil Well X Gas Well Other							
2. Name of Operator				9. OGRID Number			
XTO Energy Inc.				005380	10. Pool name or Wildcat		
3. Address of Operator				Eunice Monument Grayburg-San Andres			
200 N. Loraine, Ste 800, Midland, Texas 79701				Eunice Monument Grayburg-San Andres			
4. Well Location							
Unit LetterM	_:3300_feet from the			660feet from the _	West	line	
Section 5	Township 21S	Rang		NMPM Lea	County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)							
Pit or Below-grade Tank Application X or Closure							
Pit type_steelDepth to Groundwater_200'_Distance from nearest fresh water well1000+ Distance from nearest surface water1000+							
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF IN	ITENTION TO	i	01.15	OCOUENT DED	ODT OF		
	NTENTION TO:			SEQUENT REP			
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING ALTERING							
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A					AND A	Ш	
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMEN	IT JOB			
OTHER:			OTHER:			П	
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.							
MIRU PU, ND WH. NU BOP. MI & rack up 2-7/8" WS.							
PU & RIH w/bit on 2-7/8" WS t							
TIH w/pkr on 2-7/8" WS. Test WS in hole to 5000 psi below slips. Set pkr @ 3725'. Load backside w/brine wtr.							
RU Cudd. Pmp 6000 gals 15% HCL & 3000# coarse rock salt in 4 stages. Max treating press should be 4000 psi. Attempt							
to achieve 5 RPM Monitor backside for communication RD Cudd							
Flow back well to tank w/steel lines.							
Flow back well to tank w/steel lines. Once well is dead, relse pkr & TOH LD WS.							
THI $l_{\text{max}} = l_{\text{max}} = l_{\text{max}$							
TIH w/prod tog. ND BOP, NO WH. TIH w/rods & pmp. Return well to production. Shoot fluid levels.							
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					10		
					13	, 199/	
					6.5	286	
X1 1						E05866	
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.							
grade tank has been wing to constructed of	A closed according to MMOCD	guidennes [_	i, a generai permit _	or an (attached) aiternat	ive OCD-approve	ea pian ∐.	
SIGNATURE DWA	<i>y</i>	TITLE	Regulatory	DATE	7/7/05		
							
Type or print name DeeAnn Kemp	E-mail address	:		TelephoneRWA432	620-6724		
For State Use Only	H, L , L		- HEDRESENTAT	INE IN		•	
APPROVED DV MO I.) 1, \.`\	DC FIET	d representat				
APPROVED BY: Conditions of Approval (if any):	J. WWK	TITLE			DATE	-	
conditions of white said (it sub);					.11	ll 12 2005	