Submit 3 Copies To Appropriate District  State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240	WELL API NO. 30-025-04512
District III  1301 W. Grand Ave., Artesia, NACOUNTIES OCOUNTIES OC	5. Indicate Type of Lease
	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410  District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505  87505  Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Felinim 87505	o. State on & Gas Lease No.
SUNDRY NOTICES 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	Eunice Monument South Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well:	8. Well Number
Oil Well Gas Well Other	185
2. Name of Operator	9. OGRID Number
XTO Energy, Inc.	005380
3. Address of Operator	10. Pool name or Wildcat
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location	Monument; Grayburg-San Andres
T. Well Education	
Unit Letter B: 660 feet from the North line and	1980 feet from the East line
Section 5 Township 21s 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	
12. Check Appropriate Box to indicate Nature of Notice, Report, of Other Data	
NOTICE OF INTENTION TO	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	LLING OPNS. P AND A
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT	JOB $\square$
DOWNHOLE COMMINGLE	_
DOWNHOLE COMMINGLE L.	
OTHER: MIT	x
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.	
10/23/2012: Good MIT test performed. See chart copy attached. Original submitted to the NMOCD.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE ALTINAM LANGUL TITLE Regulatory Analyst DATE 11/10/2012	
DISTRICT DISTRICT	
Type or print name Stephanie Rabadue E-mail address: PHONE 432-620-6714	
For State Use Only FOR RECORD ONLY	
APPROVED BY TITLE	DATE 12.18.2015
Conditions of Approval (if any):	

