Submit 3 Copies To Appropriate District Office	State of New M		Form C-103
District I	Energy, Minerals and Nati		API NO. June 19, 2008
District II  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  Sonto Fo. NM 87505			30-025-04312
1301 W. Grand Ave., Artesia, NM 882 10 CONSERVATION DIVISION District III and 220 South St. Francis Dr.		ancis Dr. 5. Indi	cate Type of Lease
Salita re, INVI 67505		37505	STATE 🗷 FEE 🗌
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. Stat	e Oil & Gas Lease No.
	ES AND REPORTS ON WE SALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A Famic	se Name or Unit Agreement Name:  e Monument South Unit - 18
1. Type of Well: Oil Well Gas Well Gas Well			l Number
2. Name of Operator			RID Number
3. Address of Operator		10 Po	005380 ol name or Wildcat
200 N. Loraine, Ste. 800	Midland, TX 79701		e Monument; Grayburg-San Andres
4. Well Location			<u> </u>
Unit Letter <u>C</u> :	660 feet from the No	rth line and 1980	feet from the line
Section 24	Township 20S	Range 36E NMP	M County Lea
	11. Elevation (Show whether	DR, RKB, RT, GR, etc.)	
12. Check Ap	propriate Box to Indicate	Nature of Notice, Report,	or Other Data
NOTICE OF INTE	NTION TO:	SUBSECU	ENT REPORT OF:
			7.3
		REMEDIAL WORK	ALTERING CASING
		COMMENCE DRILLING OPN	JS. P AND A TOP OF PARTY
ULL OR ALTER CASING		CASING/CEMENT JOB	
DOWNHOLE COMMINGLE Per Un		Per Undergroun	d Injection Control Program Manual
OTHER: FALED	(MIT) -	OTHER: 11.6 C Packer	shall be set within or less than 100
13. Describe proposed or completed	operations. (Clearly state all pe		e diagram of proposed completion
XTO ENERGY, INC WOULD LIKE	TO PERFORM THE FOLLOWING	<b>}:</b>	
1. Pull well, establish tu		Cond	ition of Approval: notify
<ol> <li>Fix the tubing/packer 1</li> <li>Run a good MIT chart</li> </ol>	eak	OCI	Hobbs office 24 hours
4	ervation Division		running MIT Test & Chart
MUST BE NO	TIFIED 24 Hours	•	And the state of t
Spud Date: Prior to the beg	nning of operations Rig Rele	ase Date:	The second secon
			and the state of t
I hereby certify that the information al	pove is true and complete to the	e best of my knowledge and bel	ief. No tra
SIGNATURE STAPPONE	, , , , , , , , , , , , , , , , , , , ,	LE Regulatory Analy	
Type or print name <u>Stephanie Raba</u>		stephanie_rabadue@xtoener nail address:	gy.com PHONE <u>432-620-6714</u>
For State Use Only		~	
APPROVED BY	TI	TLE DIST MGT	DATE <u>/-3/-20/</u>
CONDITION OF APPROVAL:	Kint/fy OCD Hobbs		
Office 24 hours prior to running	MIT Test & Chart.		