Submit 3 Copies To Appropriate District  Office Energy, Minerals and Natural Resources		Form C-103 June 19, 2008	
District I 1625 N. French Dr., Hobbs, NM 87240 District II District III  District III		WELL API NO.	
		30-025-04518	
		5. Indicate Type of Lease	
District IV		STATE X FEE	
1220 S. St. Francis Dr., Santa Fe, NM HOBBSOCD 87505		6. State Oil & Gas I	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Eunice Monument South Unit	
1. Type of Well: Oil Well Gas Well Other Injection		8. Well Number	
2 Name of Operator		9. OGRID Number	
XTO Energy, Inc. APR W Z 2013		005380	
3. Address of Operator		10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location RECEIVED		Eunice Monument;	Grayburg-San Andres
			,
Unit Letter R: 1980' feet from the Son	uth line and	1980 feet from	the <u>East</u> line
<u> </u>	Range 36E	NMPM	County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate	Nature of Notice, l	Report, or Other D	<b>D</b> ata
	1		
NOTICE OF INTENTION TO: SUBS		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING			ALTERING CASING 🔲
TEMPORARILY ABANDON	COMMENCE DRILLI	NG OPNS. 🔲	P AND A
PULL OR ALTER CASING	CASING/CEMENT J	ов 🗆	
DOWNHOLE COMMINGLE		· —	
BOWNINGEE GOMININGEE		1	<b>'</b> ,
OTHER:	OTHER: MTT/Brade	anhead	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.			
03/49/2013: XTO Energy ran a good MIT / Bradenhead SAPT due to press bleed off.	test. Chart and fo	rm attached. Well	needs to be on
mar due to press breez orr.			,
	,		
			7
Spud Date: Rig Relea	ise Date:		
I hereby certify that the information above is true and complete to the	best of my knowledge	e and belief.	
SIGNATURE ALPHANIE ROBAGUE TIT			DATE <u>03/21/2013</u>
	stephanie_rabadue@ ail address:		PHONE 432-620-6714
For State Use Only	Drefu	h)-	1/7 7-12
APPROVED BY TIT	TLE	D.	ATE <u>4-6-60</u>

APR 0 3 2013

