Submit 3 Copies To Appropriate District	State of New Mexico		•	Form C-103
Office District I	Energy, Minerals and Natu	iral Resources	TWELL ADINIO	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District H	OH CONGERNATION DIVISION		WELL API NO 30-025-04265	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease	
District.III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			FEE 🗆
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Sainta Lo, 1417 07505		6. State Oil & Gas Lease	No.
87505				
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPI DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	7. Lease Name or Unit A Eunice Monument South	_		
1. Type of Well: Oil Well 🕱 Gas Well	Other APR 1 9 2013		8. Well Number 872	
2. Name of Operator			9. OGRID Number	
XTO Energy, Inc.	DECEIVED		005380	
3. Address of Operator			10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 4. Well Location	Midland, TX 79701		Eunice Monument; Gray	burg-San Andres
4. Well Education				
Unit Letter C:	330 feet from the No.	rth line and	2310 feet from the_	West line
Section 14	Township 20S	Range 36E	NMPM Cour	nty Lea
]	11. Elevation (Show whether	DR, RKB, RT, GR, et	tc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	**	ERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P AN	ND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	OB	
DOWNHOLE COMMINGLE			• •	
OTHER:		OTHER: MIT / Br	adenhead	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.				
03/14/2013: XTO Energy ra	n a good bradenhead test a	nd MIT. Chart and	form attached.	•
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE STOPPANCE F	abadice TIT	LE Regulato	ory Analyst DATE	03/21/2013
Type or print name <u>Stephanie Rab</u>		stephanie_rabadue nail address:		E 432-620-6714
For State Hay Only				
For State Use Only		Duta	100 · 1	1-22-2013
APPROVED BY	TIT	11. 145/-120	DATE?	-00-00D

APPROVED BY Conditions of Approval (if any):

APR 2 3 2013

