Submit 3 Copies To Appropriate District Office	State of New M		Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natu	irai Kesources	June 19, 2008 WELL API NO.
District II	OIL CONSERVATIO	N DIVISION	30-025-04642
1301 W. Grand Avc., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	37505	STATE X FEE
220 S. St. Francis Dr., Santa Fc, NM 7505		4	6. State Oil & Gas Lease No.
SUNDRY NOTIC TO NOT USE THIS FORM FOR PROPE FFERENT RESERVOIR, USE "APPLIC ROPOSALS.)	CES AND REPORTS ON WE OSALS TO DRILL OR TO DEEPEN CATION FOR PERMIT" (FORM C-10	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
. Type of Well: Oil Well 🛣 Gas Well 🔲	Other	ΔPR 1 9 2013	8. Well Number 358
Name of Operator		9. OGRID Number	
XTO Energy, Inc.		DEOEN/ED	005380
Address of Operator	M. J J. 1787. 7.07.01	RECEIVED	10. Pool name or Wildcat
200 N. Loraine, Ste. 800 Well Location	Midland, TX 79701		Eunice Monument; Grayburg-San Andres
Unit Letter B :	660 feet from the No.	rth line and	1980 feet from the East line
Section 15	Township 21s	Range 36E	NMPM County Lea
	11. Elevation (Show whether	DR, RKB, RT, GR, et 887 GL	(c.)
12 Check A	ppropriate Box to Indicate		Report or Other Data
12. Check M	ppropriate box to mercate	rature of riotice,	report, or other Data
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT REPORT OF:
RFORM REMEDIAL WORK.	PLUG AND ABANDON 🔲	REMEDIAL WORK	☐ ALTERING CASING ☐
//PORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	and the second of the second o
LL OR ALTER CASING'	MULTIPLE COMPL	CASING/CEMENT J	
WNHOLE COMMINGLE	WOLTH LE COM E	ONORWOOD WILLIAM	
HER:		OTHER: MTT / Bra	adenhead X
. Describe proposed or completed of starting any proposed work): or recompletion.	l operations. (Clearly state all pe SEE RULE 1103. For Multiple	ertinent details, and give	ve pertinent dates, including estimated date h wellbore diagram of proposed completion
3/13/2013: XTO energy ran	a good MIT / Bradenhead.	Chart and form att	tached
		* .	
,	7.4		
ud Date:	Rig Relea	ase Date:	
reby certify that the information a	above is true and complete to the	best of my knowledg	ge and belief.
NATURE AtoManie	0.1		
		LE <u>Regulato</u> stephanie rabadue@	DATE 03/21/2013 DATE 03/21/2013
e or print name <u>Stephanie Rab</u>	E-m	nail address:	PHONE 432-620-6714
r State Use Only		D-Las	
PROVED BY	gales III	ILLUST INE	DATE 4-22-201
nditions of Approval (if any):	/		1
· U	/		APR 2.3 2013.
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