Submit 3 Copies To Appropriate District Office	State of New			Form C-103
District I	Energy, Minerals and Natural Resources		WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District.II	OH CONGEDIAT	ION DIVICION	30-025-20072	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE X FEE	
District IV	Santa Fe, INI	VI 8/303		
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
	CES AND REPORTS ON V	NELLS	7. Lease Name or Unit Agree	ment Name:
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	OSALS TO DRILL OR TO DEEP	EN OR PLUG BACK TO A	Eunice Monument South Un	
1. Type of Well:			8. Well Number	
Oil Well X Gas Well 2. Name of Operator	Other	APR 1 9 2013	9. OGRID Number	
XTO Energy, Inc.			005380 '	
3. Address of Operator		RECEIVED	10. Pool name or Wildcat	
200 N. Loraine, Ste. 800	Midland, TX 79701	MECFIAED.	Eunice Monument; Graybur	g-San Andres
4. Well Location				
Unit Letter N:	990 feet from the	South line and	1650 feet from the	West line
Section 5	Township 21s	Range 36E	NMPM County	Lea
	11. Elevation (Show whether			
3585' GL				
12. Check A	appropriate Box to Indica	ate Nature of Notice	Report or Other Data	
12. 3	ppropriate Bon to maior	ito i tataro or i totico,	resport, or other Data	
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT O	F٠
			·	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P AND A	7
PULL OR ALTER CASING	MULTIPLE COMPL] CASING/CEMENT J	ОВ 🗌	
DOWNHOLE COMMINGLE				
;				
OTHER:		OTHER: MTT / 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.				
03/12/2013: XTO Energy ra	n a good MIT & Bradenhe	ad. Good chart and fo	orm attached.	
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Spud Date:	Rig R	elease Date:		
1				
I hereby certify that the information	above is true and complete to	the best of my knowledg	e and belief.	
1. 10 D 1 1				
SIGNATURE STOP MAL	Kabadue.		ry Analyst DATE	03/25/2013
Type or print name Stephanie Rab	adue	stephanie_rabadue@ E-mail address:		432-620-6714
For State Use Only		~ /		/
APPROVED BY	John	TITLE DEST- ME	DATÉ -	22-2012
Conditions of Approval (if any):	7		DATE /	
" " ()	/			

APR 2,3 2013

