Submit 3 Copies To Appropriate District		State of New Mexico			Form C-103		
Office District 1	Energy, Minerals and Natu	ral Resources	WELL API NO.	June 19	, 2008		
1625 N. French Dr., Hobbs, NM 87240 District II	OIL CONSERVATION DIVISION		WELL API NO. 30-025-29820				
1301 W. Grand Ave., Artesia, NM 88210 District.III	1220 South St. Francis Dr.		5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410			STATE 🗷 FEE 🗌				
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WELLS (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.)			7. Lease Name or Unit Agreement Name: Eunice Monument South Unit				
1. Type of Well: Oil Well X Gas Well	Other Ar	- 4 0 000	8. Well Number				
2. Name of Operator			9. OGRID Number				
XTO Energy, Inc.			005380				
3. Address of Operator	Maria a mar monos	RECEIVED	10. Pool name or V	•	.		
200 N. Loraine, Ste. 800 4. Well Location	Midland, TX 79701		Eunice Monument	; Grayburg-San A	ndres		
	2280 · feet from the Son	uth line and	1980 feet from	n the West	_ line		
Section 36		Range 36E	* NMPM	County Lea	a		
	11. Elevation (Show whether	DR, RKB, RT, GR, ei	c.)	•			
12 (1) 1			D / O/L F				
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other I	Jata			
NOTICE OF INT	ENTION TO:	l sue	SEQUENT REF	PORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASI	vg □		
TEMPORARILY ABANDON	CHANGE PLANS □	COMMENCE DRILL	ING OPNS	P AND A			
	<u> </u>			FANDA			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	OB L				
DOWNHOLE COMMINGLE		·	And the second of the second o		•		
OTHER:		OTHER: MIT / Br	adenhead		x		
13. Describe proposed or complete	d operations. (Clearly state all pe SEE RULE 1103. For Multiple	rtinent details, and gi	ve pertinent dates, inc		ite		
03/12/2013: XTO Energy ra	n a good MTT & Bradenhead	test. Chart and fo	orm attached.				
		•					
	•			•			
				F			
Spud Date:	Rig Relea	ise Date:					
I have be a satisfy that the information		F C. 1 . 1 . 1	. 11 16 6				
I hereby certify that the information	above is true and complete to the	best of my knowledg	e and belief.				
SIGNATURE STEPPANI	Kabadul TIT	LE <u>Requlato</u>	ry Analyst	DATE03/21/2	013		
Type or print name Stephanie Rab	adue E-m	stephanie_rabadue@ ailaddress:		PHONE <u>432-620-</u>	6714		
For State Use Only	γ / $^{-}$. :				
APPROVED BY	us de l'arri	I Dret	me.	VATE 4.71.	-701		
Conditions of Approval (if any):	111	LE LAST, A	D	AIE //	<u> </u>		
			A print some	. 0 0040			
			APR	2 3 2013			

