Submit 3 Copies To Appropriate District Office	State of New Me		•	Form C-103	
District I	Energy, Minerals and Natu		ELL API NO.	June 19, 2008	
625 N. French Dr., Hobbs, NM 87240 <u>District III</u> 301 W. Grand Ave., Artesia, NM 88240 1220 South St. Francis Dr.		N DIVISION L	30-025-04569		
			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505 Solution Strain S		STATE X FEE		
1220 S. St. Francis Dr., Santa Fe, NM 87505	0 F-	6.	State Oil & Gas Lease N	lo.	
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 Momment South Unit		
1. Type of Well: Oil Well Gas Well / Other Injection			8. Well Number 283		
2. Name of Operator XTO Energy, Inc.			9. OGRID Number / 005380		
3. Address of Operator			10. Pool name or Wildcat		
200 N. Loraine, Ste. 800	Midland, TX 79701		unice Monument; Gray	ourg-San Andres	
4. Well Location					
	feet from the No.	•		/	
Section 8			NMPM Count	ty Lea	
12 Check A	ppropriate Box to Indicate	Nature of Notice Rea	nort or Other Data		
12. Check A	ppropriate box to maleate	rvature of rvotice, rej	port, or Other Bata		
NOTICE OF INTI	ENTION TO:	SUBSE	QUENT REPORT	OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			· 🗌 ALTE	RING CASING 🔲	
EMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRILLIN			OPNS. P ANI	DA 🔲	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JOB		t	
DOWNHOLE COMMINGLE					
		·			
OTHER:		OTHER: Failed Brad	enhead	<u> </u>	
13. Describe proposed or completed of starting any proposed work). or recompletion.	d operations. (Clearly state all pe SEE RULE 1103. For Multiple				
XTO Energy, Inc received	violation of failed braden	head. Good MIT run. (Chart attached.		
. <u>[</u>					
Spud Date: 5/20/09	Rig Relea	se Date: 5/	22/09		
I hereby certify that the information a	above is true and complete to the	best of my knowledge ar	nd belief.		
SIGNATURE	TIT	LE Regulatory	Analyst DATE	07/31/2013	
Type or print name <u>Stephanie Rab</u>	adue E-m	stephanie_rabadue@xto ail address:		432-620-6714	
For State Use Only		~ /			
APPROVED BY	TI7	LEDET ME	DATES	-6-2013	
Conditions of Approval (if any):			AUG 06 20	13	
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