Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources	Form C-103 June 19, 2008
District I 1625 N. French Dr., Hobbs, NM 87240 District III 1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.	WELL API NO. <u>30-025-04571</u> 5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410c 0 5 2013 Santa Fe, NM 87505	STATE FEE 🗷
District IV AUG V J Love 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 Gas Well Øther Injection	8. Well Number 299
2. Name of Operator	9. OGRID Number
3. Address of Operator	10. Pool name or Wildcat
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location	Eunice Monument; Grayburg-San Andres
Unit Letter F : 1980 feet from the North line and	<b>1980</b> feet from the West line
Section 9 Township 21s Range 36E 11. Elevation (Show whether DR, RKB, RT, GR, e	NMPM County Lea
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRIL	LING OPNS. 🔲 P AND A 🛄
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB
OTHER: OTHER: Failed 1	Bradenhead
<ol> <li>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.</li> </ol>	
XTO Energy, Inc received violation of failed bradenhead. Good MIT run. Chart attached.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE ALD MUL Kabaale TITLE Regulatory Analyst DATE 07/31/2013	
Type or print name <u>Stephanie Rabadue</u> E-mail address: PHONE <u>432-620-6714</u>	
For State Use Only	
APPROVED BY Complete TITLE Dit. MGR DATE 8-6-2013 Conditions of Approval (if any):	
	AUG 0 6 2013

