Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103	
District I Energy, Witherars and Natural Resources			June 19, 2008 WELL API NO.	
1625 N. French Dr., Hobbs, NM 87246BBS OCD District II OIL CONSERVATION DIVISION			30-025-04503	
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of Leas	
1000 Rio Brazos Rd., Aztec, NM MAR 0 3 2014 Santa Fe, NM 87505 District IV			STATE 🗷	FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Leas	e 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: Eumice Monument South Unit	
1. Type of Well: Oil Well Gas Well Other Injection			8. Well Number	
2. Name of Operator			9. OGRID Number	
XTO Energy, Inc.			005380 /	
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701			Eunice Monument; Grayburg-San Andres	
4. Well Location				
Unit Letter				
Section 5	Township 215	Range 36E	NMPM Co	unty Lea
	11. Elevation (Show whether	DR, RKB, RT, GR, et	(c.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			<u> </u>	TERING CASING L
TEMPORARILY ABANDON				AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE				
OTHER:	$[\mathbf{x}]$	OTHER:		
13. Describe proposed or completed			ve portinent detectional udir	a actimated data
	SEE RULE 1103. For Multiple			
XTO Energy, Inc would like to repair a casing lk with the following procedure:				
1.MIRU, isolate csg lk, EIR.				
2. Sqze csg lk w/Class 'C' cmt after lk is found and minimum cmt amount determined.				
3. Press to 500psi to ensure sqze held. 4. RIH w/tbg & pkr, st pkr @ 3680'.				
5. Run good MIT.				
A closed-loop system will	be used for this procedur	e.		
		1		
Spud Date: 06/21/08	Rig Relea	ase Date:		2014
I hereby certify that the information a	above is true and complete to the	e best of my knowledg	e and belief.	
SIGNATURE ALTOMORI	Robadise			C 02/27/2014
stephanie_rabadue@xtoenergy.com				
Type or print name <u>Stephanie Rab</u>	acue E-m	nail address:	PHO 7	NE <u>432-620-6714</u>
For State Use Only		Rink	,	. /
APPROVED BY TITLE Seramah DATE 3.4./4.				
CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to STARTING THE WORKOVER CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.				