

HOBBS OCD

Submit 3 Copies To Appropriate District Office  
District I 1625 N. French Dr., Hobbs, NM 87240  
District II 1301 W. Grand Ave., Artesia, NM 88210  
District III 1000 Rio Brazos Rd., Aztec, NM 87410  
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
June 19, 2008

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

MAY 01 2014  
RECEIVED

WELL API NO. 30-025-04589
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
8. Well Number 343
9. OGRID Number 005380
10. Pool name or Wildcat Eunice Monument GBA

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.)

1. Type of Well:  
Oil Well  Gas Well  Other Injection

2. Name of Operator  
XTO Energy, Inc.

3. Address of Operator  
200 N. Loraine, Ste. 800 Midland, Texas 79701

4. Well Location  
Unit Letter M 660 feet from the South line and 660 feet from the West line  
Section 10 Township 21S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- OTHER: MIT/ Bradenhead
- ALTERING CASING
- P AND A

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.

03/13/2014: XTO Energy ran a good MIT and Bradenhead test. Chart and form are 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 Kendall Chance TITLE Regulatory Analyst DATE 04/18/2014  
Type or print name Kendall Chance E-mail address: kendall\_chance@xtoenergy.com PHONE 432-620-6749

For State Use Only  
APPROVED BY Bill Senamah TITLE Staff Manager DATE 5-2-14  
Conditions of Approval (if any):

FOR RECORD ONLY

MAY 05 2014

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