Submit 3 Copies To Appropriate District Office	State of New Me			Form C-103
District I	Energy, Minerals and Natural Resources		WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II	OH CONGERNATION DIVIGION		WELL API NO. 30-025-0430	15
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Leas	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE	FEE 🗌
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Sum 1 9, 1 11 2 7 2 0 2		6. State Oil & Gas Leas	se No.
87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit A	Agreement Name:
(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			Ennice Monument Sou	th Unit B
PROPOSALS.)				
1. Type of Well:	0.1		8. Well Number	
Oil Well Gas Well Gas Well	Other Injection		912 9. OGRID Number	
2. Name of Operator			9. OGRID Number 005380	
3. Address of Operator			10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, Texas 79701				
4. Well Location				
Unit Letter K :	1980 feet from the Sou	ith line and	_1980 feet from the	West line
1	loot hom mo	mio unu	root from the	- IMC
Section 24		Range 36E		ounty Lea
	11. Elevation (Show whether	DR, RKB, RT, GR, etc	c.)	
<u> </u>				<u></u>
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBS			SEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	□ AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI		AND A
_	_			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JO	DR 🗀	
DOWNHOLE COMMINGLE				
·				
OTHER:		OTHER: MIT/ Brad	lenhead	x
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date				
	SEE RULE 1103. For Multiple	Completions: Attach	wellbore diagram of pro	posed completion
or recompletion.				
03/27/2014: XTO Energy ra	n a good MIT and Bradenhea	d test. Chart and	i form are attached.	HOBBS OCD
				JUL <b>01</b> 2014
				RECEIVED
				**************************************
Spud Date:	Rig Relea	ase Date:		
I have by contify that the information above is two and complete to the best of my knowledge and belief				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE MAGALL	Mance TIT	TF Regulator	ry Analyst DAT	re 04/18/2014
kendall chance@xtoenergy.com				
Type or print name <u>Kendall Chance</u> E-mail address: PHONE <u>432-620-6749</u>				
For State Use Only				
(3.10) (3.10) (3.10)				
APPROVED BY Conditions of Approval (if any):	TI	ILE CIACI	DATE DATE	1/0/0019

JUL 0 8 2014

