Office District I 1625 N. French Dr., Hobbs, NM 88200 District II 1301 W. Grand Ave., Artesia, NM 8210 OIL CONSERVATION DIVISION	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Munerals and Natural Resources	May 27, 2004 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NN \$210 OIL CONSERVATION DIVISION	30-025-04500
District III 1000 Rio Brazzo Rd. Aztes NM 2010	5. Indicate Type of Lease STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505	6. State Oil & Gas Lease No. 300717
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSAL STO 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 X Gas Well Dother	8. Well Number 254
2. Name of Operator XTO ENERGY INC.	9. OGRID Number 5380
Address of Operator 200 LORAINE STE. 800 MIDLAND, TX 79701	10. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN ANDRES
4. Well Location	
Unit Letter U : 660 feet from the SOUTH line and 660 feet from the WEST line	
Section 5 Township 21S Range 36E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County LEA
Pit or Below-grade Tank Application or Closure	
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB	
OTHER: OTHER:	П
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.	
MIRU PU. POH W/RODS. NDWH, NU BOP. CK FOR FILL. POH W/PROD TBG C/O FILL	
RIH, PKR @3600', PRESS TST TO 500#	
ACD W/4250 GALS 15% NEFE HCL MAX TRTNG PSI = 2000 MONITOR BS FOR COMMUNICATION	
TOH W/PKR.	
RIH W/ESP ND BOP. NUWH. RDMO.	
RETURN TO PRODUCTION.	
Secretary of the second of	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square .	
SIGNATURE M Lyn Mark TITLE Production Analys	st DATE 10/17/2005
Type or print name M. LYN MARR E-mail address: MaryLyn Marr@xtoen	PANAGER
For State Use Only Control of the	
Type or print name M. LYN MARR E-mail address: MaryLyn Marr@xtoen For State Use Only APPROVED BY: TITLE TITLE THE PRESENTATION Conditions of Approval (if any):	DATE