Submit 1 Copy To Appropriate District Office	State of New Me Energy, Minerals and Natu			Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Lifergy, Winterais and Watu		WELL API NO.	Revised July 18, 2013	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATIO	N DIVISION	30-025-04649		
District III	1220 South St. Fra		5. Indicate Type of Lease STATE <b>X</b> FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM	87505	6. State Oil & Gas		
1220 S. St. Francis Dr., Santa Fe, NM 87505			0. State Off & Gas	, Lease No.	
SUNDRY NOTIO	CES AND REPORTS ON WEI	LLS	7. Lease Name or	Unit 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			Eunice Monumer	nt South Unit	
PROPOSALS.)	CATION FOR PERMIT" (FORM C-10	HOBBS OCD			
1. Type of Well: Oil Well	Gas Well 🔲 Other		8. Well Number 360	1	
2. Name of Operator XTO Energy, Inc.		SEP 0 8 2015	9. OGRID Number 005380	r	
3. Address of Operator			10. Pool name or	Wildcat	
500 W. Illinois St Ste 100 Mid	land, TX 79701	RECEIVED		burg-San Andres	
4. Well Location					
Unit Letter D :	660 feet from the North	line and	660 feet fro	m the West line	
Section 15	Township <b>21S</b> R	ange 36E	NMPM	County Lea	
	11. Elevation (Show whether	DR, RKB, RT, GR, et	'c.)		
12. Check A	ppropriate Box to Indicate	Nature of Notice,	Report, or Other	Data	
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REI	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	P AND A	
PULL OR ALTER CASING		CASING/CEMENT J	ов 🗌		
CLOSED-LOOP SYSTEM					
OTHER:		OTHER: MIT/Brade	enhead	X	
13. Describe proposed or complete					
of starting any proposed work). SEE RULE 19.15.7.14 NMAC For Multiple Completions: Attach wellbore diagram of					
proposed completion or recompletion. 03/24/2015: XTO Energy, Inc ran a good MIT/Bradenhead test. Good chart and form attached.					
	good ministrationicad cost. of		luonou.		
Spud Date:	Rig Relea	ase Date:			
		L			
I hereby certify that the information	above is true and complete to the	e best of my knowledg	ge and belief.		
SIGNATURE Atephyni	Rabadere III	LE_Regulatory Anal	yst	DATE 08/25/2015	
Type or print name Stephanie Rab	adue E-n	nail address:		PHONE 432-620-6714	
stephanie_rabadue@xtoenergy.com					
For State Use Only ADDROVED DV RULE		THE CLA	Mart	PATE 9/22/1	
APPROVED BY Sil formand TITLE Staff Manager DATE 9/23/Jois- Conditions of Approval (if any):					
Conditions of Approval (It ally).					

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