

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
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  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
RECEIVED MIDLAND  
FEB 02 2006

WELL API NO. <b>30-025-06311</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>EUNICE MONUMENT SOUTH UNIT</b>
8. Well Number <b>158</b>
9. OGRID Number <b>005380</b>
10. Pool name or Wildcat <b>Grayburg Monument San Andres</b>

**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      ☒ Injection Well

2. Name of Operator  
**XTO ENERGY, INC.**

3. Address of Operator  
**200 N. Loraine, Suite 800, Midland, TX 79701**

4. Well Location  
Unit Letter **I**: **1650** feet from the **SOUTH** line and **330** feet from the **EAST** line  
Section **31**      Township **20S**      Range **37E**      NMPM      County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3547' KB**

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type **STEEL**      Depth to Groundwater      Distance from nearest fresh water well      Distance 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- 1-11-06 M.I. R.U. R.I.H. w/tbg. Tag C.I.B.P @3,620'. Mix mud. Circulate well from 3,620' to surface. Spot 25 sx. 3,620' - 3,470'. Calc. T.O.C. P.U.H. to 2,500'. Spot 25 sx. 2,500'-2,350'. Calc. T.O.C.
- 1-12-06 Perf. @ 1,207'. Sqz. 55 sx. 1,207'-972'. Measured T.O.C. S.I. well w/900 P.S.I.
- 1-13-06 Open well. Well was gassing. Called XTO & O.C.D. O.K'd. Perf. @ 962'. Sqz. 55 sx. 962' - 791'. Measured T.O.C.
- 1-14-06 Perf. @781'. Sqz. 100 sx. @781'-466'. Measured T.O.C.
- 1-16-06 Perf. @177'. Sqz. 120 sx. Down 7" out 9 5/8" & 12 3/4".  
R.D. M.O.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Randall Minear TITLE AGENT DATE 1-25-06

Type or print name **RANDALL MINEAR** E-mail address: randall.minear@basicenergyservices.com Telephone No. (432) 530-0907  
For State Use Only

APPROVED BY: Larry W. Wink TITLE **OC FIELD REPRESENTATIVE II/STAFF MANAGER** DATE FEB 20 2006  
Conditions of Approval (if any):