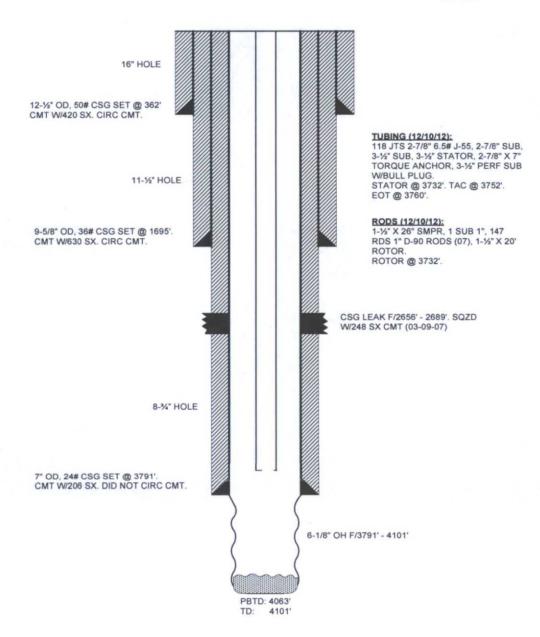
Submit 1 Copy To Appropriate District State of N Office Minerals ar		Form C							
Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 882 WOV 1 820 20 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 District IV District IV			Revised July 18, 2013 WELL API NO. 30-025-04695 5. Indicate Type of Lease STATE FEE FEE X 6. State Oil & Gas Lease No.						
						1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505	6. State Oil & 0	Jas Lease No.	
						SUNDRY NOTICES AND REPORTS O	7. Lease Name or Unit Agreement Name:		
						(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO D DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FO PROPOSALS.)	Eunice Monument South Unit		
1. Type of Well: Oil Well A Gas Well Other	8. Well Number 419								
2. Name of Operator XTO Energy, Inc.	9. OGRID Number 005380								
3. Address of Operator 500 W. Illinois, Ste 100 Midland TX 79701	10. Pool name or Wildcat Eunice Monument								
4. Well Location									
Unit Letter 0 : 660 feet from the	South	line and	1980 feet	from the East	line				
Section 17 Township 21S	R	ange 36E	NMPM	County Lea					
11. Elevation (Show w			tc.)	and the second					
				A CONTRACTOR OF A					
12. Check Appropriate Box to In-	dicate	Nature of Notice,	Report, or Oth	er Data					
NOTICE OF INTENTION TO: SUE			SEQUENT REPORT OF:						
				ALTERING CASIN					
TEMPORARILY ABANDON X CHANGE PLANS				P AND A					
PULL OR ALTER CASING MULTIPLE COMPL		CASING/CEMENT J	ОВ						
CLOSED-LOOP SYSTEM	_				_				
OTHER:		OTHER:							
 Describe proposed or completed operations. (Clearly sta of starting any proposed work). SEE RULE 19.15.7.14 I proposed completion or recompletion. XTO Energy, Inc respectfully requests to TA the reference 	NMAC.	. For Multiple Comple	etions: Attach wel		te				
1. Set CIBP @ 3741'.									
2. Put 35' cmt via wireline or 25sx thru tbg. WOC. Tag.		a							
3. Run good MIT.		Conditi	on of Approva	al: notify					
A closed-loop system will be used to perform this operation.			lobbs office 24 hours						
			nning MIT Test & Chart						
		1	and bill 1	csi & Chart					
Spud Date: R	ig Rele	ase Date:							
I hereby certify that the information above is true and comple	ete to th	e best of my knowledg	ge and belief.						
SIGNATURE Alphanie Rabadue		LE Regulatory Anal	yst	DATE11/04/2015					
Type or print name Stephanie Rabadue	E-n	nail address:		PHONE 432-620-6	5714				
NA O	st	tephanie_rabadue@x	toenergy.com		1				
For State Use Only APPROVED BY Conditions of Approval (if any):	тт	TLE Dist S	Supervi	DOATE 11/30/	201				
U			NOV	3 0 2015					

Eunice Monument South Unit #419 API #: 30-025-04695

Current WBD



ELEV: GL: 3645' KB: 3651'