

Submit 1 Copy 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  
 Revised July 18, 2013

**HOBBS OGD**

**JUN 16 2016**

**RECEIVED**

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO.	<b>30-025-04574</b>
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name:	<b>Eunice Monument South Unit</b>
8. Well Number	<b>322</b>
9. OGRID Number	<b>005380</b>
10. Pool name or Wildcat	<b>Eunice Monument; Grayburg-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  Other **Injection**

2. Name of Operator  
**XTO Energy, Inc.**

3. Address of Operator  
**500 W. Illinois St Ste 100 Midland, TX 79701**

4. Well Location  
 Unit Letter **L** : **1980** feet from the **South** line and **660** feet from the **West** line  
 Section **9** Township **21S** Range **36E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>MIT / Bradenhead</b>	<input checked="" 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 19.15.7.14 NMAC.. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**05/13/2016: XTO Energy, Inc ran a good MIT & bradenhead. A copy of the chart and form are attached.**

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Stephanie Rabadue TITLE Regulatory Analyst DATE 06/09/2016

Type or print name Stephanie Rabadue E-mail address: stephanie\_rabadue@xtoenergy.com PHONE 432-620-6714

**For State Use Only**

APPROVED BY [Signature] TITLE Compliance Officer DATE 6/16/16  
 Conditions of Approval (if any):

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

JUN 16 2016

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**BRADENHEAD TEST REPORT**

Operator Name XTO Energy, Inc	API Number 30-025-04574
Property Name Eunice Monument South Unit	Well No. 322

**7. Surface Location**

BL - Lot L	Section 9	Township 21S	Range 36E	Feet from 1980	N/S Line South	Feet From 660	E/W Line West	County Lea
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**Well Status**

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL PRODUCER GAS	DATE 5-3-2016
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**OBSERVED DATA**

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	∅	∅		∅	710
<b>Flow Characteristics</b>					
Puff	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	CO2 <input checked="" type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input checked="" type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y / N	<input checked="" type="radio"/> Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <i>A. Ian Miller - XTO Energy</i>	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 5-13-2016	Phone: 575-441-1641
Witness:	

*IP*  
*One*

