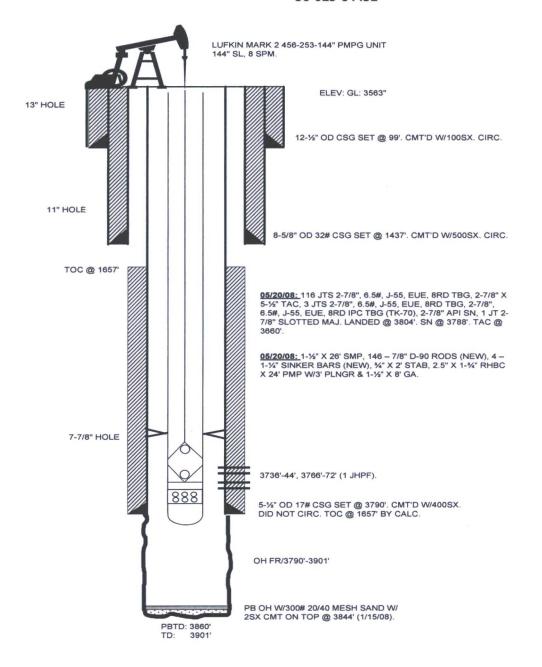
Submit 1 Copy To Appropriate District		State of New Mo				C-103	
Office District I		Minerals and Natu	iral Kesources	WELL API NO.	Revised July	/ 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II	OII C	ONSERVATIO	NOUSION	30-	-025-04452		
1301 W. Grand Ave., Artesia, NM 882 District III	12	220 South St. Fr	ancis Dr.	5. Indicate Type of			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV)	Santa Fe, NM	87505	STATE X		,	
1220 S. St. Francis Dr., Santa Fe, NM 87505			ancis Dr. 55 06 87505 3 0 2017	6. State Oil & Gas	Lease No.		
	TICES AND R	EPORTS ON WE		7. Lease Name or	Unit Agreement N	ame:	
(DO NOT USE THIS FORM FOR PEDIFFERENT RESERVOIR. USE "AF	Eunice Monumen	it South Unit					
PROPOSALS.)	PEICATION FOR I	PERMIT (FORM C-10	or) FOR SUCH	0 11 11 11		1	
1. Type of Well: Oil Well Gas Well Other				8. Well Number 232			
Name of Operator XTO Energy, Inc.			1	9. OGRID Number 005380	a a		
3. Address of Operator 500 W. Illinois St Ste 100 Midland, Texas 79701				10. Pool name or Wildcat Eunice Monument;Grayburg-San Andres			
4. Well Location							
Unit Letter M	2970 fe	eet from the South	line and	330 feet from	m the West	line	
Section 3					County Lea		
	11. Elevat	ion (Show whether	DR, RKB, RT, GR, et	c.)			
12 (1)		D T . I'	N CNI .:	D + 041 I			
12. Checi	k Appropriate	Box to indicate	Nature of Notice, I	Report, or Other I	Jata		
NOTICE OF INTENTION TO:				SSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	FORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING		
	CHANGE!		COMMENCE DRILLI	ING OPNS.	P AND A		
PULL OR ALTER CASING [MULTIPLE	E COMPL	CASING/CEMENT J				
DOWNHOLE COMMINGLE [_		_			
CLOSED-LOOP SYSTEM [_						
OTHER:			OTHER:				
 Describe proposed or comp of starting any proposed we proposed completion or rec XTO Energy, Inc respectfully re 	ork). SEE RULE ompletion.	19.15.7.14 NMAC.	. For Multiple Comple	tions: Attach wellbon		late	
1. Set CIBP @ 3636'. Cap w/25	4la 4la	251iii.	WOC 4 haven Tax				
2. Run good MIT.	sx cmt thru tbg	or 35 via wireline.	. WOC 4 nours. 1ag.				
A closed-loop system will be u	used to perform	this operation.	**	tion of Approval			
			OCD	Hobbs office 24	hours		
	prior of r	unning MIT Tes	st & Chart				
Spud Date:		Rig Relea	ase Date:				
I hereby certify that the informat	tion above is true	and complete to the	e best of my knowledg	e and belief.			
SIGNATURE A tophan	u Raba	du tit	LE_Regulatory Analy	/st	DATE 5/20/2017	7	
71 1			nail address:		PHONE 432.620).6714	
For State Use Only APPROVED BY	play SB	LOWN TI	TLE AO	II D	DATE 5/30	102/	
Conditions of Approval (if any):	0		,			,	

Current

Eunice Monument South Unit 232 30-025-04452



proposed

Eunice Monument South Unit 232 30-025-04452

