Submit 1 Copy To Appropriate District Office	State of New M Energy, Minerals and Nat			Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Lifeigy, witherars and tvat	urar Resources	Revised July 18, 2013 WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-04653 5. Indicate Type of Lease	
District III	1220 South St. Francis Dr.		STATE	, ,
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505		6. State Oil & C	
1220 S. St. Francis Dr., Santa Fe, NM 87505		-685 U	o. State on & C	Jus Deuse 110.
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.) 7. Lease Name or Unit Agreement Name: EUNICE MONUMENT SOUTH UNIT				
1. Type of Well: Oil Well	Gas Well Other	RECEIVE	8. Well Number 400	r
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380	
3. Address of Operator 500 W. ILLINOIS, SUITE 100			10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres	
4. Well Location				
Unit Letter L :	1980' feet from the SOU	TH line and	660' feet f	from the WEST line
Section 15 Township 21S Range 36E NMPM County LEA				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3596' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JO	OB	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: MIT		X
 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. 05/05/2017: Good MIT test performed. See chart copy attached. Original submitted to the NMOCD. 				
Spud Date:	Rig Rele	ease Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE MIKE WELLA TITLE Regulatory Analyst DATE 05/17/2017				
Type or print name Nikki Valenzue	la E-1	mail address:		PHONE 432-571-8227
For State Use Only				
APPROVED BY Yeary Former TITLE Compliance Officer DATE 5-26-17 Conditions of Approval (if any):				

