

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

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

WELL API NO.	<b>30-025-29901</b>
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" 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>318</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  *INS MAY 25 2017*

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

3. Address of Operator  
**500 W. ILLINOIS, SUITE 100**

4. Well Location  
 Unit Letter **L** : **1860** feet from the **SOUTH** line and **830** feet from the **WEST** line  
 Section **10** Township **21S** Range **36E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3569 GR**

RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING  MULTIPLE COMPL   
 DOWNHOLE COMMINGLE   
 CLOSED-LOOP SYSTEM   
 OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB   
 OTHER: **MIT**

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.

05/05/2017: Good MIT test performed. See chart copy attached. Original submitted to NMOCD

Spud Date:

Rig Release Date:

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

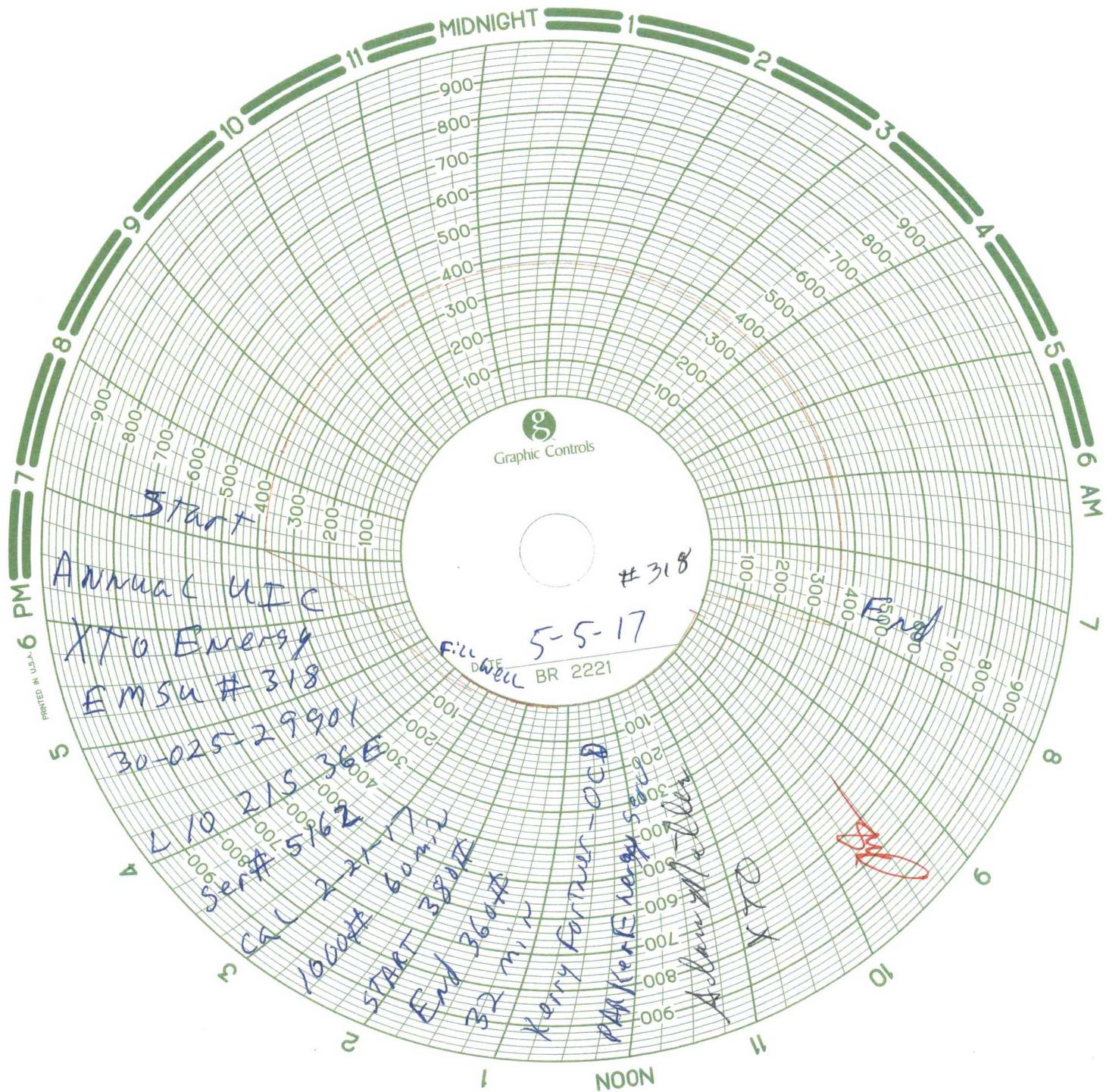
SIGNATURE Nikki Valenzuela TITLE Regulatory Analyst DATE 05/17/2017

Type or print name Nikki Valenzuela E-mail address: yvonne\_valenzuela@xtoenergy.com PHONE 432-571-8227

For State Use Only

APPROVED BY [Signature] TITLE Compliance Officer DATE 5/26/17

Conditions of Approval (if any):



Graphic Controls

Fill Well  
BR 2221

#318

5-5-17

Start

End

Annual UIC  
XTO Emerg  
EMS # 318

30-025-29901

L 10 2/5 2/6 2/7  
CAL 2 2/17

1000H START 60min  
END 360H 32 min

Kerry Fortner - OCB

PARKER Energy sec

Adrian McEllen

OK

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