Submit 1 Copy To Appropriate District Office	State of New M Energy, Minerals and Natu			Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, witherars and read	nai Resources	WELL API NO.	Revised July 18, 2013
District II	OIL CONSERVATIO	N DIVISION	30	0-025-04680
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type	I
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM	87505 MAY 2529	STATE [_
1220 S. St. Francis Dr., Santa Fe, NM 87505		MAY	6. State Oil & Ga	is Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS				r Unit Agreement Name:
(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.)			Eunice Monume	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 376	
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 H :	1980 feet from the NOR	TH line and	660 feet fro	om the EAST line
Section 18	Township 21S	lange 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	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. 🔲	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JO	OB	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM	l ,			-
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. 05/02/2017: Good MIT test performed. See chart copy attached. Original submitted to the NMOCD. 				
Spud Date:	Rig Rele	ase Date:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE YUKKI WILL TITLE Regulatory Analyst DATE 05/16/2017				
Type or print name Nikki Valenzu	E-n	nail address:		PHONE 432-571-8227
For State Use Only // // // // // // // // // // // // //				
APPROVED BY Lacy fol. Conditions of Approval (if any):	mae Ti	TLE Corpliance	office	DATE <u>6-2-17</u>
Commission of rapproval (it airy).				

