

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

HOBBS OCD

State of New Mexico
 Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

JUL 26 2017

RECEIVED

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

WELL API NO.	30-025-06283
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:	Eunice Monument South Unit
8. Well Number	111
9. OGRID Number	005380
10. Pool name or Wildcat	Eunice Monument; Grayburg-San Andres

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 **Injector**

2. Name of Operator
XTO Energy, Inc.

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

4. Well Location
 Unit Letter **F** : **1980** feet from the **NORTH** line and **1980** feet from the **WEST** line
 Section **30** Township **20S** Range **37E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3541' GL

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: FAILED BRADENHEAD TEST <input checked="" type="checkbox"/></p>	<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>MULTIPLE COMPL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>P AND A <input type="checkbox"/></p>
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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.

XTO Energy respectfully requests the following pursuant to a failed annual MIT:

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

1. POOH w/tbg & pkr.
2. Reset pkr.
3. Run good MIT.

If it is found that casing integrity issues are the cause of the failure, a follow-up C-103 NOI will be provided to NMOCD and the district office worked with.

A closed-loop system will be used for this operation.
 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 Lindsay Deaver TITLE **Regulatory Analyst** DATE **7/12/2017**

Type or print name **Lindsay Deaver** E-mail address: lindsay_deaver@xtoenergy.com PHONE **432-221-7307**

For State Use Only
 APPROVED BY Mary Brown TITLE **AD/II** DATE **7/26/2017**
 Conditions of Approval (if any)

MAY 15 2017

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

HOBBS OCD

BRADENHEAD TEST REPORT

JUL 26 2017

Operator Name XTO Energy, Inc		API Number 30-025-06283
Property Name Eunice Monument South Unit		Well No. 111

RECEIVED

2. Surface Location

UL - Lot F	Section 30	Township 20S	Range 37E	Feet from 1980	N/S Line North	Feet From 1980	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	PRODUCER OIL	GAS	DATE 5-12-2017
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	Ø	Ø		720#	750
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 ___
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR ___
Surges	Y/N	Y/N	Y/N	Y/N	GAS ___
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid injected for Waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

FAILED - Prod. casing had 720#, would not blow down. Opened prod. casing valve, tubing PSD would also drop.

Signature: <i>Alan Miller - XTO</i>	OIL CONSERVATION DIVISION
Printed name: ALAN MILLER	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 5-12-2017	Phone: 575-441-1641
Witness:	