

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. 30-025-04331	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> <i>Federal</i>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: Eunice Monument South Unit	
8. Well Number 103	
9. OGRID Number 005380	
10. Pool name or Wildcat	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

2. Name of Operator
XTO Energy, Inc

3. Address of Operator
6401 Holiday Hill Rd., Bldg 5 Midland, TX 79707

4. Well Location
 Unit Letter **B** : **660** feet from the **North** line and **1980** feet from the **East** line
 Section **25** Township **20S** Range **36E** NMPM County **Lea**

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: **Temporarily Abandon/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.

T/A Well - 3/16/2018

**3/16/2018: MIRU. POOH w/ rods & pump.
 Scan tubg. Set CIBP @ 3680. Test to 575 psig, good test.
 Ran official MIT to 580 for 32 min. Good test.**

OCD Signature present on MIT

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 5/14/2018

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

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Accepted for Record Only

MA Brown
5/16/2018

RBDMS-CHART-✓

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

MAR 21 2018

BRADENHEAD TEST REPORT

Operator Name E XTO		API Number 30-025-04331
Property Name EMSU		Well No. 103

7. Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
B	25	20S	36E	660	N	1980	E	LEA	

Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	NO	<input checked="" type="checkbox"/> YES	SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	GAS	DATE 3-16-18
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	0	w/a	0	NOTE
<u>Flow Characteristics</u>					
Puff	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	CO2 ___
Steady Flow	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	WTR ___
Surges	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	GAS ___
Down to nothing	<input checked="" type="checkbox"/> Y/N	<input checked="" type="checkbox"/> Y/N	Y/N	<input checked="" type="checkbox"/> Y/ <input checked="" type="checkbox"/> N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	Injected fir
Water	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	Y/N	Y/ <input checked="" type="checkbox"/> N	Waterflood if applies

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

Signature:	OIL CONSERVATION DIVISION	
Printed name:	Entered into RBDMS	
Title:	Re-test	
E-mail Address:		
Date:	Phone:	
	Witness: <i>Gary Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM