

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>30-025-04631</b>
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: <b>Eunice Monument South Unit</b>
8. Well Number <b>389</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

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

3. Address of Operator  
**4601 Holiday Hill Rd., Bldg 5 Midland, Texas 79701**

4. Well Location  
 Unit Letter **E** : **1980** feet from the **North** line and **660** feet from the **West** line  
 Section **14** Township **21S** Range **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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <b>Temporarily Abandoned/ MIT</b> <input checked="" type="checkbox"/>	

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 Test - 3/16/2018**

**3/16/2018: MIRU POOH w/rods & pumps. CIBP Set @ 3714. 500 psi, good test.**  
**Ran official MIT to 590 psi**  
**Witnessed by Gary Robinson/ w NMOCD**

Spud Date: 4/20/1936 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**

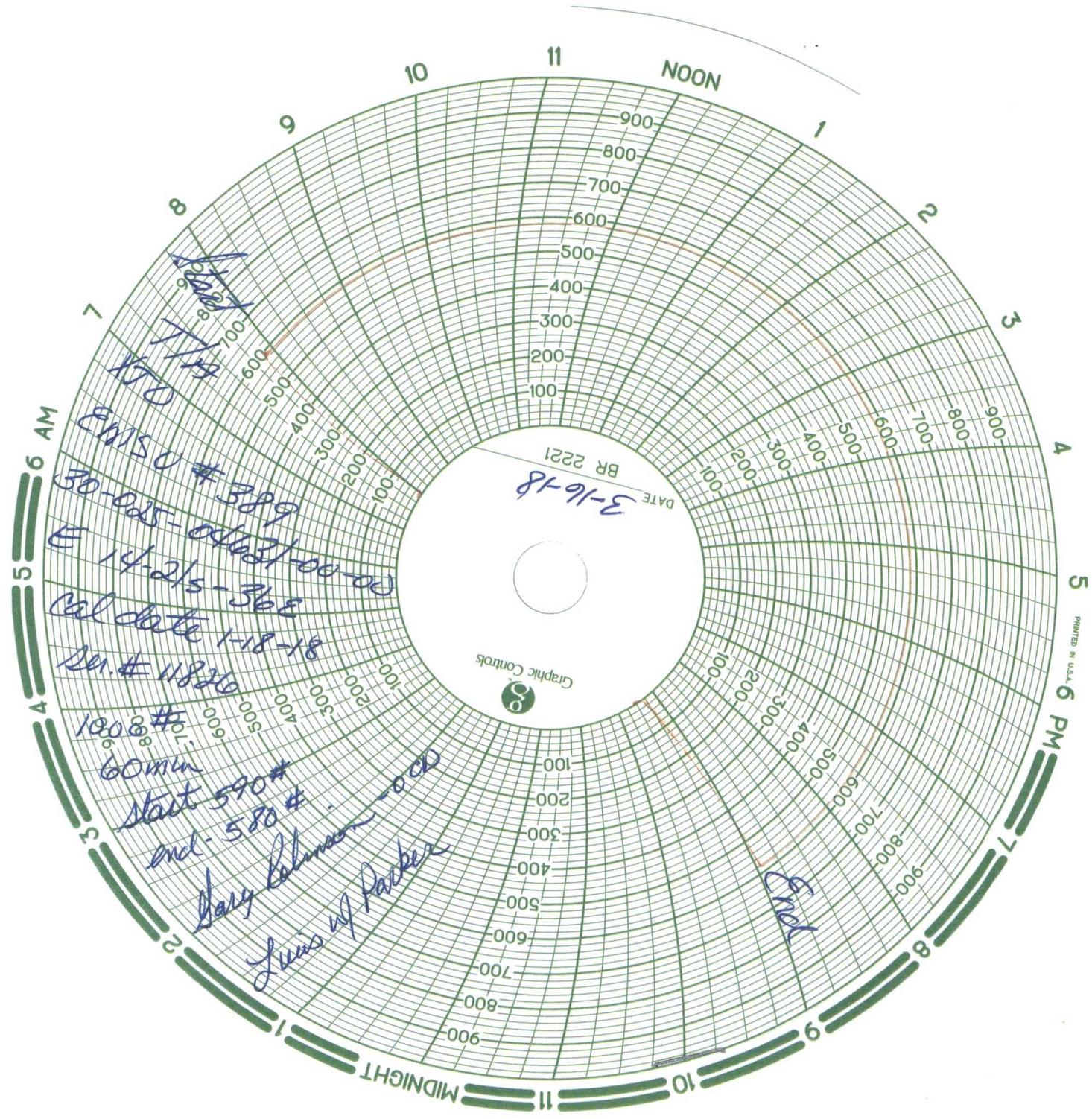
Type or print name **Lindsay Deaver** E-mail address: **lindsay\_deaver@xtoenergy.com** PHONE **432-221-7307**

**For State Use Only**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

**Accepted for Record** *M. Brown* **5/16/2018** **RBDMS CHART - ✓**



1000 #  
 60 min  
 Start 590 #  
 end 580 #  
 Gary Johnson  
 Jims w/ Parker

1000 #  
 60 min  
 Start 590 #  
 end 580 #  
 Gary Johnson  
 Jims w/ Parker

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

REC'D / MAR 21 2018

**BRADENHEAD TEST REPORT**

Operator Name <b>XTO</b>	API Number <b>30-025-04831</b>
Property Name <b>EMSU</b>	Well No. <b># 389</b>

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>6</b>	<b>14</b>	<b>21S</b>	<b>36E</b>	<b>1980</b>	<b>N</b>	<b>660</b>	<b>W</b>	<b>LEA</b>

Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>	<b>N/A</b>	<b>0</b>	<b>NONE</b>
Flow Characteristics					
Puff	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	CO2 ___
Steady Flow	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	WTR ___
Surges	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	GAS ___
Down to nothing	<input checked="" type="radio"/> Y N	<input checked="" type="radio"/> Y N	Y / N	<input checked="" type="radio"/> Y N	Type of Fluid
Gas or Oil	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> N	Injected for
Water	Y <input checked="" type="radio"/> N	Y <input checked="" type="radio"/> N	Y / N	Y <input checked="" type="radio"/> 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.

**T/A TEST**

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

INSTRUCTIONS ON BACK OF THIS FORM