

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

HOBBS COO
 JUL 19 2018
 RECEIVED

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

WELL API NO.	30-025-29946
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:	Eunice Monument South Unit
8. Well Number	148
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 *gmb*

2. Name of Operator
XTO Energy, Inc.

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

4. Well Location
 Unit Letter **G** : **2180** feet from the **North** line and **1980** feet from the **East** line
 Section **31** Township **20S** Range **37E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3534' GL

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: MIT / Bradenhead <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.

7/9/2018: XTO Energy ran a good MIT and Bradenhead test. Chart and form are attached.

Spud Date: **7/8/1987** Rig Release Date:

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

SIGNATURE *[Signature]* TITLE **Regulatory Analyst** DATE **7/9/2018**

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

For State Use Only
 APPROVED BY *[Signature]* TITLE **Compliance Officer Supervisor** DATE **7/12/18**
 Conditions of Approval (if any)

JUL 16 2018

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>XTO</i>		API Number <i>30-025-29946</i>
Property Name <i>Eunice monument South</i>		Well No. <i>148</i>

Surface Location									
W- Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
<i>G</i>	<i>31</i>	<i>20S</i>	<i>37E</i>	<i>2190</i>	<i>N</i>	<i>1980</i>	<i>E</i>	<i>Lea</i>	

Well Status										
TA'D WELL	SHUT-IN	INJECTOR	SWD	PRODUCER	GAS	DATE				
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/>	SWD <input type="checkbox"/>	OIL <input type="checkbox"/>	GAS <input type="checkbox"/>	<i>6/12/18</i>		<input type="checkbox"/>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csing	(E)Tubing
Pressure	<i>φ</i>	<i>-</i>	<i>-</i>	<i>φ</i>	<i>600</i>
<u>Flow Characteristics</u>					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Kris Cahill XEO Langley</i>	Entered into RBDMS
Title:	Re-test
E-mail Address:	<i>[Signature]</i>
Date: <i>6/12/18</i>	Phone:
Witness: <i>[Signature]</i>	

PRINTED IN U.S.A. 6 PM

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NOON

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MIDNIGHT

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6 PM

Graphic Controls

DATE 6/22/68
BR 2221

