Submit I Copy To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources			Form C-103 Revised July 18, 2013
District I 1625 N. French Dr., Hobbs, NM 8240BBS OCD			WELL API NO.
District II OIL CONSERVATION DIVISION			30-025-06288
			5. Indicate Type of Lease STATE FEE X
Santa FC, INIVI 67505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NREC 87505	1220 S. St. Francis Dr., Santa Fe, NRECEIVED		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or 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 Monument South Unit
1. Type of Well: Oil Well 🔼 Gas Well 🔲 Other			8. Well Number 126
2. Name of Operator XTO Energy, Inc.			9. OGRID Number 005380
3. Address of Operator 6401 Holiday Hill Rd., Bldg 5			10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres
4. Well Location			
Unit Letter M :	660' feet from the South	h line and	660' feet from the West line
, Section 30		ange 37E	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			
			SEQUENT REPORT OF:
	PLUG AND ABANDON 🗌		
	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P AND A
PULL OR ALTER CASING		CASING/CEMENT J	ов 🗌
CLOSED-LOOP SYSTEM	Г	OTHER: Failed MI	т
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:			
1. POOH w/tbg & pkr.			
2. Reset pkr. OCD Hobbs office 24 hours			OCD Hobbs office 24 hours
3. RIH w/tbg & pkr prior of running MIT Test & Chart			
4. Run good MIT		•	-
if it is found that casing integrity is office worked with.	ssues ae the causes of the fai	lure, a follow up C10	3 will be provided to NMOCD & the district
Spud Date:	Rig Rele	are Date:	
I hereby certify that the information a	bove is true and complete to th	e best of my knowledg	ge and belief.
SIGNATURE DATE 9/7/2018			
Type or print name Lindsay Deaver E-mail address: PHONE 432-221-7307			
For State Use Only HR. I HR. A. Indisay_deaver@xtoenergy.com			
APPROVED BY Approval (if any). TITLE AO/L DATE 9/10/2018			
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