

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

HOBBS OCD

| |
|---|
| WELL API NO. 30-025-04530 ✓ |
| 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 223 ✓ |
| 9. OGRID Number 005380 ✓ |
| 10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres |

SEP 27 2018
RECEIVED

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) PROPOSALS.)

| |
|---|
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/> |
| 2. Name of Operator XTO Energy, Inc. |
| 3. Address of Operator 6401 Holiday Hill Rd., Bldg 5 |
| 4. Well Location Unit Letter P : 3300 feet from the South line and 660' feet from the East line Section 6 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: Passing MIT <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.

9/11/2018: Post Workover Test

XTO Energy ran a good MIT and Bradenhead test. Chart and form are attached.

Spud Date: **5/4/1936**

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 **9/21/2018**

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 **AO/I** DATE **10/1/2018**

Conditions of Approval (if any):

RBDMS-CHART-✓

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

REC'D/MIDLAND
 SEP 17 2018

BRADENHEAD TEST REPORT

| | | |
|---|--|-----------------------------------|
| Operator Name XTO | | API Number 30-025-04530 |
| Property Name Eunice monument South | | Well No. 223 |

Surface Location

| UL - Lot | Section | Township | Range | Feet from | N/S Line | Feet From | E/W Line | County |
|----------|----------|------------|------------|-------------|----------|------------|----------|------------|
| P | 6 | 215 | 36E | 3300 | S | 660 | E | Lea |

Well Status

| | | | | | | | | |
|------------------|-------------------------------------|----------------|-------------------------------------|--|-----|--------------|-----|------------------------|
| TA'D WELL YES | <input checked="" type="radio"/> NO | SHUT-IN YES | <input checked="" type="radio"/> NO | INJECTOR <input checked="" type="radio"/> INJ | SWD | OIL PRODUCER | GAS | DATE 9/11/18 |
|------------------|-------------------------------------|----------------|-------------------------------------|--|-----|--------------|-----|------------------------|

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|-----------------------------|---------------------------------------|---------------------------------------|--------------|---------------------------------------|--|
| Pressure | ϕ | ϕ | — | ϕ | ϕ |
| 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"/> N | <input checked="" type="radio"/> N | Y/N | <input checked="" type="radio"/> N | Type of Fluid Injected for Waterflood if applies. |
| Gas or Oil | Y/ <input checked="" type="radio"/> N | Y/ <input checked="" type="radio"/> N | Y/N | Y/ <input checked="" type="radio"/> N | |
| Water | Y/ <input checked="" type="radio"/> N | Y/ <input checked="" type="radio"/> N | Y/N | Y/ <input checked="" type="radio"/> N | |

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

Post Work Over TEST

HOBBS OCD
SEP 27 2018
RECEIVED

| | |
|--|---------------------------|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: | |
| Date: 9/11/18 | Phone: |
| Witness:  | |

