

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED
 NOV 20 2018
 OCS OGD

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

<p align="center">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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>ITS</u></p> <p>2. Name of Operator <u>XTO ENERGY INC.</u></p> <p>3. Address of Operator <u>6401 HOLIDAY HILL ROAD MIDLAND, TEXAS 79707</u></p> <p>4. Well Location <u>Unit Letter J</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>1980</u> feet from the <u>EAST</u> line <u>Section 16</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>LEA</u></p>	<p>WELL API NO. <u>30-025-04665</u></p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name <u>Eunice Monument South Unit</u></p> <p>8. Well Number <u>402</u></p> <p>9. OGRID Number <u>005380</u></p> <p>10. Pool name or Wildcat <u>Eunice Monument ; Grayburg- San Andres</u></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p align="center">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/></p>	<p align="center">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>MIT</u> <input checked="" type="checkbox"/></p>
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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.

10/10/2018: GOOD MIT TEST PERFORMED PLEASE SEE CHART ATTACHED.,

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: Patricia Donald TITLE: Regulatory DATE: 11/14/2018

Type or print name: Patricia Donald E-mail address: patricia_donald@xtoenergy.com PHONE: 4325718220

For State Use Only

APPROVED BY: Greg Blower TITLE: Compliance Supervisor DATE: 11/20/18

Conditions of Approval (if any):

