

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

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. 30-025-34823	04302
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 EUNICE MONUMENT SOUTH UNIT B	
8. Well Number 918	
9. OGRID Number 005380	
10. Pool name or Wildcat	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

HOBBS OCD
RECEIVED
 APR 23 2019

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM 101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other Injection

2. Name of Operator
XTO ENERGY, INC.

3. Address of Operator
6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707

4. Well Location
 Unit Letter M : 600 feet from the South line and 660 feet from the West line
 Section 23 Township 20S Range 36E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" 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"/>		SUBSEQUENT REPORT OF: 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: COMPLETION OPERATIONS <input type="checkbox"/>	
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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

XTO Energy, Inc. respectfully requests to perform the following procedure after a failed MIT:

1. POOH w/tbg & pkr.
2. Locate and repair reason for MIT failure.
3. RBIH with tbg and Pkr.
4. Reset pkr.
5. Run a good MIT.

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

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 Cheryl Rowell TITLE Regulatory Coordinator DATE 04/19/2019

Type or print name Cheryl Rowell E-mail address: cheryl_rowell@xtoenergy.com PHONE: 432-571-8205

For State Use Only

APPROVED BY: Greg Salzman TITLE Compliance Officer DATE 4-23-19
 Conditions of Approval (if any):