

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO REWORK A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-04503
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XTO ENERGY, INC.		6. State Oil & Gas Lease No.
3. Address of Operator 6401 HOLIDAY HILL RD, BLDG 5, MIDLAND TX 79707		7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
4. Well Location Unit Letter <u>J</u> <u>4620</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>5</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>LEA</u>		8. Well Number <u>213</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 005380
		10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: MIT ☒

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

05/13/2019 to 05/22/2019:  
POOH w/ tbg and packer.  
RIH w/ RBP, test csg and perms.  
Replaced tubing as needed.  
Reset pkr @ 3975'  
Acidize  
Perform MIT, Gary Robinson w/ NMOCD present for test.  
Well returned to injection.

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 05/23/19

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

For State Use Only

APPROVED BY: Kerry Pat TITLE Compliance Officer DATE 6-11-19  
Conditions of Approval (if any):



