

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. 30-025-08706
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 221
9. OGRID Number 005380
10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres

SUNDRY NOTICES AND REPORTS ON WELL (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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 _____ : _____ 3300 _____ feet from the _____ South _____ line and _____ 1980 _____ feet from the _____ West _____ 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	OTHER: MIT <input checked="" type="checkbox"/>
OTHER: <input 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

5/20/2019 to 5/28/19  
Pooh w/ tbg and packer  
RIH w/ RBP, test cag and perfs  
Replaced tubing as needed.  
Reset pkr @ 3465'  
Acidize  
Perform MIT, Gary Robinson w/ NMOCD present for test  
Returned well 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 06/07/19  
Type or print name Cheryl Rowell E-mail address: cheryl\_rowell@xtoenergy.com PHONE: 432-571-8205  
**For State Use Only**

APPROVED BY: Kerry Futh TITLE Compliance Officer A DATE 6-18-19  
Conditions of Approval (if any):

REC'D/MIDLAND

MAY 31 2019

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

BRADENHEAD TEST REPORT

Operator Name <b>XTO</b>		API Number <b>30-025-08706</b>	
Property Name <b>EMSU</b>		Well No. <b># 221</b>	

1. Surface Location

UL - Lot <b>N</b>	Section <b>6</b>	Township <b>21S</b>	Range <b>36E</b>	Feet from <b>3300</b>	N/S Line <b>S</b>	Feet From <b>1980</b>	E/W Line <b>W</b>	County <b>LEA</b>
----------------------	---------------------	------------------------	---------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

YES	TA'D WELL <input checked="" type="radio"/> NO <input type="radio"/> YES	SHUT-IN NO	INJECTOR <input checked="" type="radio"/> INJ	SWD	OIL	PRODUCER GAS	DATE <b>5-28-19</b>
-----	--	---------------	--	-----	-----	-----------------	------------------------

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Pull	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of fluid injected for waterflood if applies
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	

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

**Post Workover TEST**

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test <b>XZ</b>	
E-mail Address:			
Date:	Phone:		
Witness: <b>Dave Johnson</b>			

INSTRUCTIONS ON BACK OF THIS FORM

## PERFORMING BRADENHEAD TEST

### General Procedure for Bradenhead Test

Identify: All valves prior to testing

Gauges: Install on each casing string to record pressure.

Assure: That all valves are in good working condition and closed at least 24 hours prior to testing.

Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.

Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- |                        |           |
|------------------------|-----------|
| • Blow or Puff         | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow          | Yes or No |
| • Oil or Gas           | Yes or No |
| • Water                | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

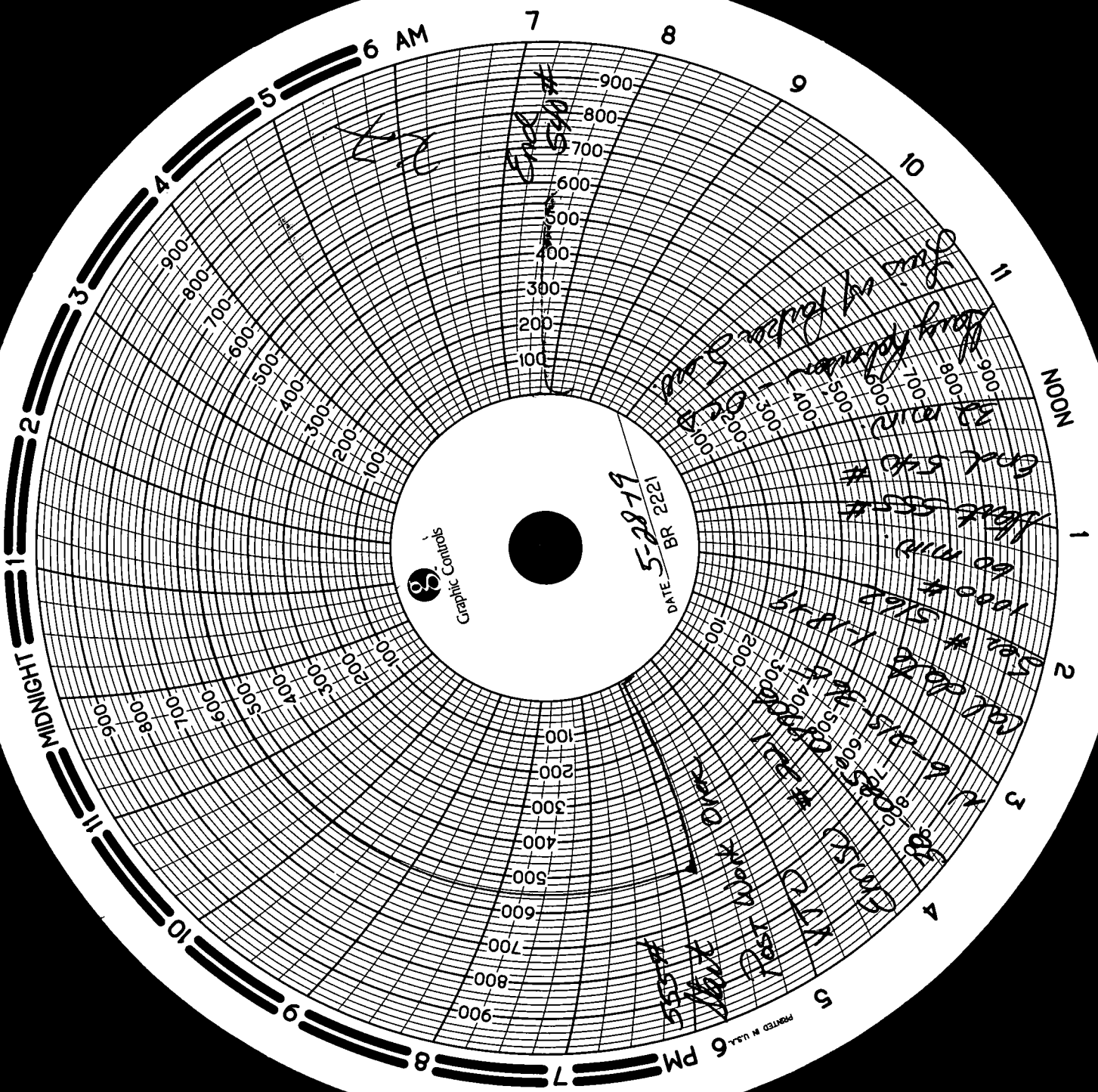
Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.

---



5-28-79  
DATE BR 2221



PRINTED IN U.S.A.

MIDNIGHT

NOON

6 AM

8

9

10

11

1

2

3

4

5

6 PM

7

8

9

10

11

7

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

900

1000

800

900

700

800

600

700

500

600

400

500

300

400

200

300

100

200

REC'D/MIDLAND  
MAY 31 2019