

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

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

WELL API NO. 30-025-06305
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 161
9. OGRID Number 005380
10. Pool name or Wildcat

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.)

1. Type of Well: Oil Well Gas Well Other **HOBBS OCD**

2. Name of Operator
XTO ENERGY, INC. **JUN 24 2019**

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

4. Well Location
 Unit Letter L : 1980 feet from the South line and 660 feet from the West line
 Section 31 Township 20S Range 37E 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: OAP, Acidize, RWTP <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

XTO respectfully requests permission to convert to a water supply well

06/06/19 to 06/14/19
 RIH, Pull tbg & ESP. Tag PBTD @ 3925'
 Test tbg, no leaks.
 RIH, Perf 3673-3677', 3682-3684', 3725-3728'
 Perform acid job.
 RIH w/ ESP and tbg set @ 3547'
 Return well to production.

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 6/19/19
 Type or print name Cheryl Rowell E-mail address: cheryl_rowell@xtoenergy.com PHONE: 432-571-8205

For State Use Only
 APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 06/28/19
 Conditions of Approval (if any):