	•	
Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-04327
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE X 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	,	300 ⁷¹⁷
87505	S AND REPORTS ON WELLS 3 PM 2	1
(DO NOT USE THIS FORM FOR PROPOSAL	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)	ION FOR PERMIT" (FORM C-101) FOR SUCH	EUNICE MONUMENT SOUTH UNIT
1. Type of Well: Oil Well X Gas	Well Other	8. Well Number 119
2. Name of Operator		9. OGRID Number 5380
XTO ENERGY INC.		
3. Address of Operator		10. Pool name or Wildcat EUNICE
200 LORAINE STE 800	MIDLAND, TX 79701	MONUMENT; GRAYBURG; SAN
4. Well Location		
l .	feet from the S line and	1980 feet from the $\underline{\underline{E}}$ line
Section 25	Township 20S Range 36E	NMPM County LEA
	1. Elevation (Show whether DR, RKB, RT, GR, etc.	
Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check App	ropriate box to indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON C	HANGE PLANS 🔲 COMMENCE DR	
PULL OR ALTER CASING M	IULTIPLE COMPL	T JOB 🔲
OTHER:	□ OTHER:	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.	• •	
MIT TEST		
WIT IDST		034567
TA'D WELL	1	123436763
_	AILEDI	4 93 m
4	1119	Allo S
V	AICCE	Real 2006 Ed
T T		Received #
1	· /	So OCD ST
	`	Received 13 14 15 OCD
		Carried States
		e and belief. I further certify that any nit or below.
I hereby certify that the information abo	ve is true and complete to the best of my knowledge	e and belief. I further cartify that any nit or below
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been will be constructed or closed according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square .		
SIGNATURE AND LAKE	\mathcal{M}	
SIGNATURE / IVILLY	TITLE REGULATORY ANALYST	DATE 07/26/06
Type or print name Julie L. Wilson	E-mail address: Julie wilson@xtoenergy	com Telenhono No. 422 620 6744
For State Use Only	June wilson@xtoenergy	v.com Telephone No. 432-620-6744
	1 1	e an week
APPROVED BY (au).	WMR TITLE	ATIVE HISTAFF MANAGER
Conditions of Approval (if any):	ar heir behresent	AUG O O

