Submit 3 Copies To Appropriate District Office	State of New Mexico)	Form C-10	3
District I	Energy, Minerals and Natural I	Resources	May 27, 200	4
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-04459	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DI	_	5. Indicate Type of Lease	\dashv
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran cin Santa Fe, NM 87505	PAUG 3	PM 2 S2STE ☐ FEE X	_
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, Nivi 8/303	•	6. State Oil & Gas Lease No. 300717	
87505	(GEG AND DEDONG ON WOLL G			
	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG B.	ACK TO A	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		EUNICE MONUMENT SOUTH UNIT		
*	Gas Well Other		8. Well Number 265	
2. Name of Operator		···	9. OGRID Number 5380	
XTO ENERGY INC. 3. Address of Operator			10 Paul name of Wildook FIDUCE	_
200 LORAINE STE 800	MIDLAND, TX 79701		10. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG; SAN	
4. Well Location				\dashv
Unit Letter P : 6	60 feet from the S 1i	ne and 6	$\underline{660}$ feet from the \underline{E} line	
Section 3		nge 36E	NMPM County LEA	
	11. Elevation (Show whether DR, RK)	3, RT, GR, etc.) April 18 Control	
Pit or Below-grade Tank Application 🔲 o	r Closure			
	aterDistance from nearest fresh water	vell Dis	tance from nearost surface water	
L	Below-Grade Tank: Volume			
	Appropriate Box to Indicate Natur			
12. Check I	appropriate Box to indicate Natur	e of Nonce,	Report of Other Data	
NOTICE OF IN			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON		MEDIAL WOR]
PULL OR ALTER CASING	-	SING/CEMEN	ILLING OPNS. P AND A T.JOB	
_		1		
OTHER:	leted enerations. (Clearly state all portions	HER:		<u></u>
of starting any proposed w	ork). SEE RULE 1103. For Multiple Co	mpletions: A	d give pertinent dates, including estimated datach wellbore diagram of proposed completi-	ate
or recompletion.	•	1	The property of the property o	
MIT TEST	•		1. 1.1	
	This Approval of Ter Abandonment Expir	nporary	125111	
TA'D WELL	Abandonment Expir	69		
	, ,			
			AUG 2006 Received Hobbs OCD	
			AUG 2008 AM	
			Received 5	
			Hobbs 7 Q OCD 6	
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
I hereby certify that the information	above is true and complete to the best of	my knowledg	e and belief. I further certify that any pit or below or an (attached) alternative OCD approved plan	w-
(h. 1/20 \ 1.1	- 1/ /			•
SIGNATURE AUGU W	TITLE REGULATOR	RY ANALYST	DATE <u>07/26/06</u>	
Type or print name Julie L. Wil	son E-mail ad Descr. Julie wile	son@xtoenera	DATE 07/26/06 y.com Telephone No. 432-620-6744 OSTAFF MANA DATE DATE DATE	
For State Use Only	KEPRI	SENTATIVE.	1 September 10. 452-020-0744	
APPROVED BY: Law).(1)(1)	. at W.	MOTAFF MANAGER	
Conditions of Approval (if any):	TITLE		AUG 0 9 200	£
			MOG O SUU	U

