

Submit 3 Copies to Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-025-37281
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 23000
7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
8. Well Number 681
9. OGRID Number 5380
10. Pool name or Wildcat EUNICE MONUMENT GRAYBURG; SAN ANDRES

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name EUNICE MONUMENT SOUTH UNIT
2. Name of Operator XTO ENERGY INC.	8. Well Number 681
3. Address of Operator 200 LORAIN STE 800 MIDLAND, TX 79701	9. OGRID Number 5380
4. Well Location Unit Letter <u>B</u> : <u>1210</u> feet from the <u>NORTH</u> line and <u>1340</u> feet from the <u>EAST</u> line Section <u>7</u> Township <u>21-S</u> Range <u>36-E</u> NMPM County <u>LEA</u>	10. Pool name or Wildcat EUNICE MONUMENT GRAYBURG; SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3594 GL 3611 KB	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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

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"/>
OTHER: <input type="checkbox"/>	P AND A <input type="checkbox"/>
	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: NEW WELL CONTINUENCE OF COMPLETION

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.

6/15/2006 MIRU PU, POOH W/RODS & PMP. NU BOP. POOH W/TBG. PERF 3833-3960, 6 JSPF, TOTAL OF 348 HOLES. ACD W/2000 GALS OF 20% NEFE HCL, 16 BBLS PER STAND. RU SWB. ALL WTR.
6/21/06 RIH TO SCALE SQZ: 3947-60' W/ 18 BBLS OF PILL MIXTURE: T-175, DP-61, FW. 3880-3892 - 18 BBLS, 3804-3872 - 81 BBLS. OVERFLSHD W/ PROD WTR & 5 GALS OF RN-211. SWI 24 HRS.
6/22/06 RIH W/PMP & RODS. RD MO RWTP. TBG LND'D 4022.70'
7/12/06 24 HR TST, 8 BO, 381 BW, 15 MCF. 88% ON POC. FINAL REPORT

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 ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE M. Lyn Marr TITLE REGULATORY ANALYST DATE 9/20/2006

Type or print name M. LYN MARR E-mail address: Lyn_Marr@xtoenergy.com Telephone No. 432-620-6714

For State Use Only
APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE _____

OC DISTRICT SUPERVISOR/GENERAL MANAGER

Conditions of Approval (if any):

DEC 14 2006