

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
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. 30-025-34826 ✓
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 735 ✓
9. OGRID Number 005380 ✓
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 OF A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM O-101) FOR SUCH PROPOSALS.)

1. Type of Well: ✓ Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	MAR 07 2008
2. Name of Operator XTO Energy, Inc. ✓	HOBBS OCD
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701	
4. Well Location Unit Letter <u>D</u> : <u>275'</u> feet from the <u>North</u> line and <u>1220'</u> feet from the <u>West</u> line Section <u>15</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
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"/> 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"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: Acid Stimulation <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. MIRU PU. Install BOP. RIH & tag for fill (PBSD 3.921').
2. RIH w/6-1/8" bit, 7" scraper, and 2-7/8" tbq. Circulate clean. PU & RIH w/Sonic Hammer on 2-7/8" tbq. RU stripping head. MIRU acid company. Test lines to 3,000 psi.
3. SH perfs w/9# brine while circulating to reverse pit. Circulate hole clean. Close in backside and SH perfs w/1,800 gals. 20% 90/10 acid in injection mode w/a max pressure of 2,000# tubing & 500# on back.
4. Flush acid with 25 bbls brine water. Drop ball to shift sleeve in tool.
5. Flow back or RU swab & swab back acid load. ND BOP. NU WH. RIH w/test sub sized for an 800 bfpd total rate. RWTP. RDMOPU.

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 Kristy Ward TITLE Regulatory Analyst DATE 03/04/08
E-mail address: kristy_ward@xtoenergy.com
Type or print name Kristy Ward Telephone No. 432-620-6740

For State Use Only

APPROVED BY Chris Williams TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE APR 02 2008

Conditions of Approval, if any: