Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources			Form C-103 June 19, 2008
1625 N. French Dr., Hobbs, NM 87240		WELL API NO.	~
District II 1301 W. Grand Ave., Artesia, NM 889100 District III District III		<u>30-025-29913</u> 5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 837440 1000 Rio Brazos Rd., Aztec, NM 837440 1000 Rio Brazos Rd., Aztec, NM 837440		STATE FI	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease N	
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.)		7. Lease Name or Unit Agreement Name: Eunice Monument South Unit	
1. Type of Well: Oil Well 🔀 Gas Well 🗌 Other		8. Well Number	
2. Name of Operator XTO Energy, Inc.		9. OGRID Number 005380	
3. Address of Operator		10. Pool name or Wildcat	
200 N. Loraine, Ste. 800 Midland, TX 79701 Eunice Monument; Grayburg-San Andres 4. Well Location			<u>urg-San Andres</u>
Unit Letter F 2262 feet from the Nor	rthline and	1980 feet from the	West line
	Range 37E	NMPM Count	y Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3536' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	D: SUBSEQUENT REPORT OF:		
		·	
		<u> </u>	
OTHER: TA Extension	OTHER: TF	}	
 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. 			
XTO would like to request a TA extension on this well. We are currently evaluating whether to reactive or plug the well and are reviewing production of recently reactivated wells in same unit.			
MIT CHART ATTACHED			
This Approval of Temporary _ 2012 Abandonment Expires			
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Caud Data	Deter	· · · · · · · · · · · · · · · · · · ·	
Spud Date: Rig Relea			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Vatty Unas TITLE Regulatory Analyst DATE 3/10/11			
Type or print name Patty Urias E-mail address: PHONE 432-620-4318			
APPROVED BY TITLE STAFFINGE DATE 3-14-2011			
APPROVED BY			



WELL DATA SHEET





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