Submit 3 Copies To Appropriate District Office State of New Me Energy, Minerals and Natu	
District 1 1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
District.II 1301 W. Grand Ave., Artesia, NM 88 HORS OCD 1220 South St. Fra	N DIVISION 30-025-06296 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 8	7505 STATE X FEE \(\sqrt{\text{FEE}} \)
District IV 1220 S. St. Francis Dr., Santa Fe, NMAY 0 2 2011 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS.) SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS.)	7. Lease Name or Unit Agreement Name: Eunice Monument South Unit
1. Type of Well: Oil Well X Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number
XTO Energy, Inc. 3. Address of Operator	005380 10. Pool name or Wildcat
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location	Eunice Monument; Grayburg-San Andres
	ith line and 1980 feet from the West line
Section 31 Township 20S	Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate 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 CHANGE PLANS	COMMENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT JOB
DOWNHOLE COMMINGLE	
OTUED Descriptor and & DUTD	OTHER.
OTHER: Reactivate; acdz & RWTP X OTHER: OTHER: Quantum Control of the control o	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
1. MIRU PU, RIH w/notched collar to PBTD @ 3900', test tbg, RIH w/sonic hammer	
2. Sonic hammer wash OH 3762-3900' w/3200gls 20% 90/10 acid and perfs fr 3716-3660' w/800gls 20% 90/10 acid, flush w/30bbls brine wtr.	
3. RU swab and swab back acid load, determine flow rate and oil cut 4. RIH w/prod equip, land SN @ 3850', set TAC	
5. RWTP, RDMO PU	
Spud Date: Rig Relea	ose Date:
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TOTAL TIT	LE Regulatory Analyst DATE 4/27/11
Type or print name Patty Urias E-mail address:PHONE 432-620-4318	
For State Use Only	
	TLE STATE MAP DATE 5-3-2011
Conditions of Approval (if any):	MAY 0 4 2011

EUNICE MONUMENT SOUTH UNIT #171

