Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District_l	Energy, Minerals and Natural Resources		WELL ADINO	June 19, 2008
1625 N French Dr., Hobbs, NM 87240 District.II			WELL API NO.	5-22954
1301 W. Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type	
District III 1000 Rio Brazos Rd., Aztec, NM 87410				FEE 🗴
District IV 1220 S. St. Francis Dr., Santa Fe, NM	net IV		6. State Oil & Ga	
87505 Yallets Dr., Santa Fe, NW				
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: MARTINEZ GAS COM I	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number #1	
2. Name of Operator XTO Energy Inc.			9. OGRID Number 5380	
3. Address of Operator			10. Pool name or Wildcat	
382 CR 3100 AZTEC, NM 87410			OTERO CHACRA	
4. Well Location				
Unit Letter K:	1570' feet from the SOU	JTH line and	1780' feet fro	om the WEST line
Section 24	Township 29-N	Range 10-W	NMPM NMPM	County SAN JUAN
	11. Elevation <i>(Show whether</i> 5	DR, RKB, RT, GR, et		
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
				<u> </u>
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL			_	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	ов 🗀	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: OTERO CH	ACRA DELIVERY	X
 Describe proposed or complete of starting any proposed work). or recompletion. 	d operations. (Clearly state all persented SEE RULE 1103. For Multiple			
XTO Energy Inc. opened th 12/05/2008. IFR 500 MCFP	e Otero Chacra and re-deli D.	vered this well to	Enterprise @ 9	:30 a.m., Friday
Enterprise mtr #90066				states for the training
				RCVD DEC 9'08
				OIL COMS. DIV.
				DTCT. C
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information	above is true and complete to the	heet of my knowledo	e and belief	
Q = 1	above is true and complete to the	best of my knowledg	e and benef.	
SIGNATURE OANTAIN	(1. 1)1CDL TIT	LE REGULAT	ORY CLERK	DATE <u>12/05/2008</u>
barbara_nicol@xt				
Type or print name BARBARA A. NI	COL E-m	nail address:		_ PHONE <u>505-333-3100</u>
For State Use Only	,		ř	
	record Ti	ΓLE		DATE
Conditions of Approval (if any):	<i>₽</i> <1			
1	0179			