Submit 3 Copies To Appropriate District	State of New Me			Form C-103
Office District 1	Energy, Minerals and Natural Resources		June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240 District II	OH CONGERNATION DURIGION		WELL API NO. 30-045-34689	
1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd , Aztec, NM 87410	Santa Fe, NM 87505		STATE	FEE 🔀
District IV	Santa 1 C, 1441 07505		6. State Oil & Gas	
1220 S St Francis Dr, Santa Fe, NM 87505			o. state on a das	Lease No.
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:  MASDEN-SELBY	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number #2R	
2. Name of Operator			9. OGRID Number	
XTO ENERGY INC.			5380	
3. Address of Operator			10. Pool name or Wildcat	
382 CR 3100 AZTEC, NM 87410 4. Well Location			BASIN FC / FULCHER KUTZ PC	
4. Well Location				
Unit Letter G :	1530' feet from the NO	RTH line and	1835' feet from	n the <u>EAST</u> line
Section 28		Range 11-W	NMPM NMPM	County SAN JUAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5409' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
12. Check 11	ppropriate box to mateure	rtatare or rtottee,	report, or other r	yata ,
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J		, , , , , , ,
	MOLTIPLE COMPL L	CASING/CLIVILINI 3	ОВ	
DOWNHOLE COMMINGLE				
OTHER:	П	OTHER TOP OF C	MENT FOR COMPLET	ION X
13. Describe proposed or complete	d operations (Clearly state all no	· · · · · · · · · · · · · · · · · · ·		
	SEE RULE 1103. For Multiple			
XIO Energy Inc. ran CR/CB	L/CCL fr/1725'- surf on 12	/30/2008. TOC @ s	surf.	
<del></del>				
*		·	D. O.	
•				WD FEB 3 '09
			<b>11</b>	L CONS. DIV.
				DIST. 3
Sound Dates	n!. n.l.	D-4		
Spud Date:	Rig Relea	ase Date:		
I hereby certify that the information	above is true and complete to the	e best of my knowledg	e and belief.	
SIGNATURE Daleral Jan	TIT			DATE02/02/2009
Type or print name <u>DOLENA JOHNSO</u>	<u>N</u> E-m	dee_johnson@xto nail address:		PHONE <u>505–333–3100</u>
For State Use Only		Deputy Oil & G		
APPROVED BY Telly G	TIT LLOST.	Distric	:L# <b>少</b> □	ATE FEB 1 0 2009
Conditions of Approval (if any):			D	