Submit 3 Copies To Appropriate District	State of New Mo	exico		Form C-103	
Office	Energy, Minerals and Natural Resources			June 19, 2008	
District I 1625 N French Dr., Hobbs, NM 87240	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO		
District II 1301 W. Grand Ave, Artesia, NM 88210				45-34641	
District III			5. Indicate Typ		
1000 Rio Brazos Rd, Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE	FEE X	
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & 0	jas 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 GAS COM		
1. Type of Well: Oil Well ☐ Gas Well 🕱	Other	8. Well Number #1Y			
2. Name of Operator	•			9. OGRID Number	
XTO ENERGY INC.			5380		
3. Address of Operator 382 CR 3100 AZTEC. NM 87410			10. Pool name or Wildcat BASIN DK/BASIN MC/OTERO CH		
382 CR 3100 AZTEC, 4. Well Location	, NM 87410		BASIN DRYBAS	IN MC/OTERO CH	
Unit Letter <u>F</u> :	1965 feet from the NO	RTH line and \	2300 feet	from the WEST line	
Section 28	Township 29N	Range 11W	NMPM NME	PM County SAN JUAN	
	11. Elevation (Show whether	DR, RKB, RT, GR, et	'c.)		
	5	5406'			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTE	ENTION TO:	SUB	SEQUENT R	EPORT 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 L	MULTIPLE COMPL L	CASING/CEMENT J	ов [
DOWNHOLE COMMINGLE					
OTHER:		OTHER: PT PROD	CSG	X	
13. Describe proposed or completed of starting any proposed work). or recompletion.	d operations. (Clearly state all pe SEE RULE 1103. For Multiple				
XTO Energy Inc. pressure	tested 5-1/2" production o	asing to 1,750 ps:	ig f/30 min w/d	chart on 8/18/2009.	
Increased pressure to 3,8	50 psig f/5 min. Tested C	K.			
		•	***	RCVD SEP 21'09	
				OIL CONS. DIV.	
				Dist. 3	
Spud Date: 3/19/09	Rig Rele	ase Date:			
11 1 (6 1) (1)	-1 0 :- 4 1 1-4- 4- 41-				
I hereby certify that the information a	ipove is true and complete to the	e best of my knowledg	ge and belief.		
SIGNATURE TO A STATE OF THE STA	Thetam TIT	LE REGULATO	RY ANALYST	DATE9/18/2009	
Type or print name TORRI D. BING	HAM E-n	Lorri_bingham@x nail address:		PHONE <u>505-333-3204</u>	
For State Use Only		SUPERVISOR	DISTRICT#3	, 1	
APPROVED BY Mark 13	TI		DISTRICT # 5	DATE 9/21/09	
Conditions of Approval (if any):					
		ka ,			