Submit 3 Copies To Appropriate District	State of New M			Form C-103	3
Office District.I	Energy, Minerals and Natu	iral Resources		June 19, 200	8
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	0.40.50	
District.II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-045-34063		
District.III 1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District LIV.			STATE [_
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas	s Lease No.	
SUNDRY NOTICES (DO NOT USE THIS FORM FOR PROPOS, DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS)	S AND REPORTS ON WE ALS TO DRILL OR TO DEEPEN TION FOR PERMIT" (FORM C-10	OR PLUG BACK TO A	7. Lease Name or	Unit Agreement Name:	
1. Type of Well: Oil Well			8. Well Number MARTINEZ GC D #1R		
2. Name of Operator			9. OGRID Number		
XTO Energy Inc.					4
3. Address of Operator			10. Pool name or Wildcat		
4. Well Location	<u>IICO 87410</u>		AZTEC PICTURED	CLIFFS/OTERO CHACRA	\dashv
Unit Letter B : 13	140 feet from the NO	RTH line and	1580 feet fro	om the EAST lin	e
Section 24	Township 29N	Range 10W	NMPM	County SAN JUAN	
The state of the s	11. Elevation (Show whether	DR, RKB, RT, GR, e 58' GR		and the second of the second o	
	propriate Box to Indicate				<u>⊇</u> !
12. Check App	Tophate Box to mulcate	mature of motice,	Report, or Other	Data	
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK		ALTERING CASING [
<u> </u>	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	P AND A [
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB		
DOWNHOLE COMMINGLE					
				_	
OTHER:		OTHER: PT PROD	CSG		X
 Describe proposed or completed of starting any proposed work). S or recompletion. 					
XTO Energy Inc., pressure t Increased pressure to 3,850		to 2,500 psig for	30" w/chart on	11/19/2009.	
increased pressure to 3,050	parg for 5 . Tack Cik.		S. III	RCVD NOV 24 '09	
				OIL CONS. DIV.	
				ತಿಪ್.ಪ.್. ಪ್ ೯ ೯೩೫	
				 -	
Spud Date:	Rig Rele	ase Date:			
		1	11 -1° C		_
I hereby certify that the information about		e best of my knowled	ge and belief.		
SIGNATURE SLENA M. W	Shiting TIT	LE REGULATORY (COMPLIANCE TECH	DATE11/23/2009	
Type or print name TEENA M. WHITIN	G E-r	nail address:	& Gas Inspect	_ PHONE <u>_505-333-310</u> Or	<u>) </u>
For State Use Only	\		strict #3	·	1 ~
APPROVED BY Taly G. Rol				DATE NOV 2 5 20 0	14
Conditions of Approval (if any):	t >	/			

b8