Submit 3 Copies To Appropriate District  State of New Mexico  Office  Fineral Minerals and Natural Resources	Form C-103
Lifergy, Willierals and Natural Resources	June 19, 2008 WELL API NO.
District I  1625 N French Dr., Hobbs, NM 87240  District II  1301 W. Grand Ave, Artesia, NM 88210  1220 South St. Francis Dr.	30-025-33593
District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410 1AY 2 4 2010 Santa Fe, NM 87505	STATE X FEE \( \text{ '} \)
District IV 1220 S St. Francis Dr., Santa Fe, NNHOBBSOCD 87505	6. State Oil & Gas 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: SEMGSAU
1. Type of Well: Oil Well Gas Well Other Injection	8. Well Number 908
2. Name of Operator	9. OGRID Number
XTO Energy, Inc.	005380
3. Address of Operator	10. Pool name or Wildcat
200 N. Loraine, Ste. 800 Midland, TX 79701 4. Well Location	Maljamar; Grayburg-San Andres
Unit Letter A : 330' feet from the North line and 330' feet from the East line	
Section 32 Township 17s Range 33E	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: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	LING OPNS. P AND A
PULL OR ALTER CASING	JOB $\square$
DOWNHOLE COMMINGLE	
OTHER: Repair Injector X OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
XTO intends to rig up on subject well and determine root cause of MIT failure. Once failure cause is	
determined then the well will be brought back into compliance. XTO will submit a timely subsequent notice once work is completed.	
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Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	ory Analyst DATE 5/19/10
Type or print name Kristy Ward E-mail address: PHONE 432-620-6740	
For State Use Only	
APPROVED BY Congoling TITLE STATE	DATE 5-24-10
Conditions of Approval (if any):	