Submit 3 Copies To Appropriate District	State of New M			Form C-103	
Office District I	Energy, Minerals and Natu			June 19, 2008	
1625 N. French Dr., Hobbs, NM 87240 District II 1301 W. Grand Ave, Artesia, NM 88240 1220 South St. Francis Dr.			WELL API NO. 30-02	5-27565	
District in 1220 South St. 1 fancis 121.			5. Indicate Type	of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410 1C 0 5 2010 Santa Fe, NM 87505			STATE [x FEE 🗆 💆	
District IV 1220 S St Francis Dr , Santa Fe, NM 87505 HOBBSOCD			6. State Oil & Ga	as Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7 Lease Name o	r Unit Agreement Name:	
(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.)			P .	jamar GB/SA Unit	
1. Type of Well: Oil Well X Gas Well Other			8. Well Number	8. Well Number	
2. Name of Operator			9. OGRID Number		
XTO Energy, Inc.			005380		
3. Address of Operator 200 N. Loraine, Ste. 800 Midland, TX 79701			10. Pool name or Wildcat Maljamar; Grayburg-San Andres		
4. Well Location	Midiand, IX 79701		· Marjamar, Gray	Durg-San Ancres	
Unit Letter F :1	1485 feet from the No.	rth line and	2400' feet fr	om the West line	
Section 29	Township 17s	Range 33E	NMPM	County Lea	
	11. Elevation (Show whether	DR, RKB, RT, GR, et	'c.)		
12. Check Ap	propriate Box to Indicate	Nature of Notice,	Report, or Other	· Data	
	-		_		
NOTICE OF INTENTION TO: SUB			SEQUENT RE	PORT 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	ОВ 🗌		
DOWNHOLE COMMINGLE					
OTHER: Temporary Abandon	X	OTHER:			
13. Describe proposed or completed of starting any proposed work). Some or recompletion.	• •		•	· ,	
XTO would like permission t	to Temporarily Abandon th	nis well. It is an	active producer	and due to very low	
production rate (less than injection opportunities.	1 BOPD), we would like t	to TA this well to	evaluate for co	nversion to	
		andition of Approval	· Notify OCD Hol	obs	
Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart					
		•)	
<u></u>					
Spud Date:	Rig Relea	ase Date:			
I hereby certify that/the information ab	ove is true and complete to the	best of my knowledg	e and belief.	, ,,	
SIGNATURE Kristy h	ascl THE	TE Portlato	ry Analyst	DATE 8/2/10	
SIGNATURE O (MA)	TIT	kristy_ward@xto			
Type or print name Kristy Ward	E-m	nail address:		_ PHONE <u>432-620-6740</u>	
For State Use Only		TLE STAGE	NB =	DATE 8-10-10	
APPROVED BY Conditions of Approval (if any):	TIT	TLE STARK	,, 4	DATE 8-/0-/0	
				Y.W.	