Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Artesia

FÖRM APPROVED 010

OMB NO.	111104-0
Expires: Jul	y 31, 2
Lease Serial No.	

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.			ININININIOSSOS				
			6. If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No. 891014168B		
Type of Well ☐ Gas Well ☐ Other Only Only Only Only Only Only Only Only					8. Well Name and No. NASH UNIT 20		
Name of Operator Contact: SHERRY PACK XTO ENERGY INCORPORATED E-Mail: sherry_pack@xtoenergy.com					9. API Well No. 30-015-27877-00-S1		
3a. Address 500 W ILLINOIS STREET SU MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-620-6709 Fx: 432-224-1126		10. Field and Pool, or Exploratory NASH DRAW				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. (11. County or Parish,	11. County or Parish, and State	
Sec 18 T23S R30E NENW 12			EDDY COUNTY, NM				
12. CHECK APPI	ROPRIATE BOX(ES) TO) INDICAT	E NATURE OF	NOTICE, RI	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent .	☐ Acidize	□ Deepen		☐ Production (Start/Resume)		■ Water Shut-Off	
_	☐ Alter Casing	☐ Fracture Treat ☐ Rec		Reclam	ation	■ Well Integrity	
☐ Subsequent Report	Casing Repair	□ Ne	□ New Construction □		olete	Other	
☐ Final Abandonment Notice	Change Plans	☐ Plug and Abandon ☐		Tempor	arily Abandon	Venting and/or Flari ng	
	☐ Convert to Injection	☐ Plu	g Back	■ Water Disposal		•	
determined that the site is ready for fi	nai inspection.)		•		·		
ASSOCIATED WELLS:		C		SEE	ATTACHE) [(A)	
		,		CON	ATTACHED FOR DITIONS OF APPROVAL		
NASH UNIT #020 30-015-278 NASH UNIT #038 30-015-297 NASH UNIT #042H 30-015-37 NASH UNIT #044H 30-015-42 NASH UNIT #045H 30-015-42 We are flaring at the Nash 42	37 F NASH UNIT #049H 194 F NASH UNIT #050H 195#F NASH UNIT #051 1048#F	30-015-3866 130-015-389 30-015-3836 10-015	3 F 991 F 5 F 7000V	·	ACC OF	F APPROVAL	
14. I hereby certify that the foregoing is	Electronic Submission #3	Y INCORPO	RATED, sent to t	he Carlsbad			
Name (Printed/Typed) SHERRY I	PACK		Title REGUL	-ATORY-ANA	ALYS/T		
Signature (Electronic S	ubmission)		Date 10/05/2	APP 2015	KUVED	1	
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE US	SEA 6 2015		
Approved By			Title	MW	VW MID	D ate	
Conditions of approval, if any, are attached. Approval of this notice does not certify that the applicant holds legal or equitable title to those rights in the subj which would entitle the applicant to conduct operations thereon.			Office	CARLSBA	D EL FICE	<u>'</u>	
Title 18 U.S.C. Section 1001 and Title 43 U States any false, fictitious or fraudulent st					ke to any department or a	gency of the United	

Additional data for EC transaction #318662 that would not fit on the form

32. Additional remarks, continued

Flare start date/time 10/3/2015 at 3:00 PM Est. flare volume: 7000 mcf/d

Flaring Conditions of Approval

- 1. Report all volumes on OGOR B as disposition code 08.
- 2. Comply with NTL-4A requirements
- 3. Subject to like approval from NMOCD.
- 4. Flared volumes will still require payment of royalties
- 5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
- 6. This approval does not authorize any additional surface disturbance.
- 7. Submit updated facility diagram as per Onshore Order #3.
- 8. Approval not to exceed 90 days from date requested on sundry.
- 9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
- 10. If flaring is still required past 90 days submit new request for approval.
- 11. If a portable unit is used to flare gas it must be monitored at all times.
- 12. Comply with any restrictions or regulations when on State or Fee surface.

JAM 101615