

MAY 26 2017

Form C-104

Revised August 1, 2011

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit one copy to appropriate District Office

RECEIVED

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address <b>XTO ENERGY INC</b> <b>500 W. ILLINOIS SUITE 100</b> <b>MIDLAND, TEXAS 79701</b>		<sup>2</sup> OGRID Number <b>05380</b>
		<sup>3</sup> Reason for Filing Code/Effective Date <b>NW</b>
<sup>4</sup> API Number <b>30-0 15-43864</b>	<sup>5</sup> Pool Name <b>NASH DRAW; DELAWARE-BS AV SD</b>	<sup>6</sup> Pool Code <b>47545</b>
<sup>7</sup> Property Code <b>303152</b>	<sup>8</sup> Property Name <b>NASH UNIT</b>	<sup>9</sup> Well Number <b>55H</b>

II. Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<b>E</b>	<b>13</b>	<b>23-S</b>	<b>29-E</b>		<b>2011</b>	<b>NORTH</b>	<b>559</b>	<b>WEST</b>	<b>EDDY</b>

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<b>M</b>	<b>11</b>	<b>23-S</b>	<b>29-E</b>		<b>330</b>	<b>SOUTH</b>	<b>330</b>	<b>WEST</b>	<b>EDDY</b>
<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
<b>282612</b>	<b>MUREX PETROLEUM CORPORATION</b> <b>365 NORTH SAM HOUSTON PKWY SUITE 200</b> <b>HOUSTON, TEXAS 77060</b>	<b>O</b>
<b>036785</b>	<b>DCP MIDSTREAM, L.P</b> <b>5718 WESTHEIMER, STE 2000</b> <b>HOUSTON, TEXAS 77057</b>	<b>G</b>

IV. Well Completion Data

<sup>21</sup> Spud Date <b>12/07/2016</b>	<sup>22</sup> Ready Date <b>04/21/2017</b>	<sup>23</sup> TD <b>12243 6630</b>	<sup>24</sup> PBTD	<sup>25</sup> Perforations <b>7184-12285</b>	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
<b>17 1/2</b>	<b>13 3/8</b>	<b>270</b>	<b>295</b>		
<b>12 1/4</b>	<b>9 5/8</b>	<b>3120</b>	<b>1060</b>		
<b>8 3/4</b>	<b>5 1/2</b>	<b>12243</b>	<b>2470</b>		

V. Well Test Data

<sup>31</sup> Date New Oil <b>04/25/2017</b>	<sup>32</sup> Gas Delivery Date <b>04/25/2017</b>	<sup>33</sup> Test Date <b>01/26/2017</b>	<sup>34</sup> Test Length <b>24hrs</b>	<sup>35</sup> Tbg. Pressure <b>210</b>	<sup>36</sup> Csg. Pressure <b>220</b>
<sup>37</sup> Choke Size <b>48.0/64</b>	<sup>38</sup> Oil <b>1113</b>	<sup>39</sup> Water <b>421.3</b>	<sup>40</sup> Gas <b>378.53</b>	<sup>41</sup> Test Method	
<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature:			OIL CONSERVATION DIVISION Approved by: <i>Raymond W. Polansky</i> Title: <i>Geologist</i> Approval Date: <i>5-30-17</i>		
Printed name: <b>PATRICIA DONALD</b>			Title: <b>REGULATORY ANALYST</b>		
E-mail Address <b>PATRICIA_DONALD@XTOENERGY.COM</b>					
Date: <b>02/15/2017</b>		Phone: <b>432-571-8220</b>			

Submit C-103 w/actual bottom hole location information

Provide directional survey tie-in to TD  
Provide Gas Capture Plan

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTNM OIL CONSERVATION  
ARTESIA DISTRICT

MAY 26 2017

WELL COMPLETION OR RE-COMPLETION REPORT **NA** **LOG**

RECEIVED

**Bold\*** fields are required.

## Section 1 - Completed by Operator

**1. BLM Office\***

Carlsbad, NM

**2. Well Type\***

OIL

**3. Completion Type\***

New Well

## Operating Company Information

**4. Company Name\***

XTO ENERGY INC

**5. Address\***

500 W. ILLINOIS SUITE 100

**6. Phone Number\***

432-571-8220

MIDLAND TX 79707

## Administrative Contact Information

**7. Contact Name\***

PATRICIA \_ DONALD

**8. Title\***

REGULATORY ANALYST

**9. Address\***

500 W ILLINOIS SUITE 100

**10. Phone Number\***

432-571-8220 \_

MIDLAND TX 79707

**11. Mobile Number****12. E-mail\***

PATRICIA\_DONALD@XTOEENRGY.COM

**13. Fax Number**

## Technical Contact Information

☒ Check here if Technical Contact is the same as Administrative Contact.**14. Contact Name\*****15. Title\*****16. Address\*****17. Phone Number\*****18. Mobile Number****19. E-mail\*****20. Fax Number**

## Surface Location

21. Specify location using one of the following methods:

a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract

b) State, County, Latitude, Longitude, Metes &amp; Bounds description

**State\***

NM

**County or Parish\***

EDDY

Section 13	Township 23S	Range 29E	Meridian		
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 2011 FNL	E/W Footage 559 FWL	
Latitude —	Longitude —	Metes and Bounds			

## Producing Interval Location

22. Specify location or

☐ Check here if the producing hole location is the same as the surface location.

State\* County or Parish\*

NM EDDY

Section 11	Township 23S	Range 29E	Meridian		
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 330 FSL	E/W Footage 330 FWL	
Latitude —	Longitude —	Metes and Bounds			

## Bottom Location

23. Specify location or

☐ Check here if the bottom hole location is the same as the surface location.

State\* County or Parish\*

NM EDDY

Section 11	Township 23S	Range 29E	Meridian		
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 330 FSL	E/W Footage 330 FWL	
Latitude —	Longitude —	Metes and Bounds			

## Lease and Agreement

24. Lease Serial Number\*

NMNM0556859

26. If Unit or CA/Agreement, Name and/or Number

27. Field and Pool, or Exploratory Area\*

NASH DRAW;DELAWARE BSAVDS

## Well

28. Well Name\*

NASH UNIT

29. Well Number\*

55H

30. API Number

30-015-43864

31. Date Spudded

12/07/2016

32. Date T.D. Reached

12/26/2016

33. Date Completed

04/21/2017

34. Elevations (DF, RKB, RT, GL)

2984 Ground Level

☐ Dry & Abandoned☒ Ready to Produce

35. Total Depth:

MD 12243

TVD 8445

36. Plug Back Total Depth:

MD —

TVD —

37. Depth Bridge Plug Set:

MD —

TVD —

38. Type Electric &amp; Other Mechanical Logs Run

39.

(Submit copy of each)

Was Well Cored? ☐ No ☐ Yes (Submit Analysis)Was DST run? ☒ No ☐ Yes (Submit Report)Directional Survey? ☐ No ☒ Yes (Submit Copy)

## 40. Casing and Liner Record (Report all strings set in well)

Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	—	—	125	270	270	295	—	0	0
12.25	9.625	—	—	270	3133	3133	1060	—	0	0
8.75	5.5	—	—	3133	12243	12243	2470	—	0	0
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

## 41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
2.875	5641	—
—	—	—
—	—	—

## 42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) DELAWARE	7184	12285
B) —————	—	—
C) —————	—	—
D) —————	—	—

## 43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
7184	12285	—	1	28 ACTIVE STAGES
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

## 44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
—	—	—
—	—	—
—	—	—
—	—	—

## 45. Production Method and Well Status for Production Intervals

Production Method  
Flows From WellWell Status  
Producing Oil Well

## 46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity	Corr. API	Gas Gravity
04/24/2017	04/30/2017	24	>>>>>	296	363.8	835	—	—	—
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
48.0/64	—	—	>>>>>	—	—	—	—		

**47. Production - Interval B**

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity	Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
_____	_____	_____	>>>>>	_____	_____	_____	_____		

**48. Production - Interval C**

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity	Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
_____	_____	_____	>>>>>	_____	_____	_____	_____		

**49. Production - Interval D**

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity	Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
_____	_____	_____	>>>>>	_____	_____	_____	_____		

**50. Disposition of Gas (Sold, used for fuel, vented, etc.)  
Captured****51. Summary of Porous Zones (Include Aquifers):**

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

Formation	Top	Bottom	Descriptions, Contents, etc.
RSLR	27	306	_____
T/SALT	307	2914	_____
B/SALT	2915	3134	_____
DLWR	3135	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**52. Formation (Log)  
Markers**

Name	Top (MD)
RSLR	27
T/SALT	307
B/SALT	2915
DLWR	3135
_____	_____
_____	_____
_____	_____
_____	_____

**53. Additional remarks (include plugging procedure):**

54. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☒ Electrical/Mechanical Logs (1 full set req'd.) ☐ Geologic Report ☐ DST Report ☒ Directional Survey  
☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

55. Name

PATRICIA \_ DONALD

56. Title

REGULATORY ANALYST

57. Date\* (MM/DD/YYYY)

05/24/2017

58. Signature\*

*You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.*

Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

### Section 2 - System Receipt Confirmation

59. Transaction

60. Date Sent

61. Processing Office

### Section 3 - Internal Review #1 Status

62. Review Category

63. Date Completed

64. Reviewer Name

65. Comments

### Section 4 - Internal Review #2 Status

66. Review Category	67. Date Completed	68. Reviewer Name
69. Comments		

**Section 5 - Internal Review #3 Status**

70. Review Category	71. Date Completed	72. Reviewer Name
73. Comments		

**Section 6 - Internal Review #4 Status**

74. Review Category	75. Date Completed	76. Reviewer Name
77. Comments		

**Section 7 - Final Approval Status**

78. Disposition	79. Date Completed	80. Reviewer Name	81. Reviewer Title
82. Comments			

**INSTRUCTIONS**

**GENERAL:** This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

**ITEMS 24, 22, and 23:** Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

**ITEM 34:** Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**ITEM 40:** Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

**PRIVACY ACT**

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

**AUTHORITY:** 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

**PRINCIPAL PURPOSE:** The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

**ROUTINE USES:** (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**EFFECT OF NOT PROVIDING THE INFORMATION:** Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

**BURDEN HOURS STATEMENT**

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.



Form 3160-5  
(August 2007)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well  
Use Form 3160-3 (APD) for

Bold\* fields are required

No signature

## Section 1 - Completed

1. BLM Office\*  
Carlsbad, NM2. Well  
OIL

3. Submission Type\*

☐ Notice of Intent☒ Subsequent Report4. Activity  
Prod

## Operating Company Information

5. Company Name\*

XTO ENERGY INC

6. Address\*

500 W. ILLINOIS SUITE 100

7. Phone Number\*

432-571-8220

MIDLAND TX 79707

## Administrative Contact Information

8. Contact Name\*

PATRICIA \_ DONALD

9. Title\*

REGULATORY ANALYST

10. Address\*

500 W. ILLINOIS SUITE 100

11. Phone Number\*

432-571-8220

MIDLAND TX 79707

12. Mobile Number

13. E-mail\*

PATRICIA.DONALD@XTOENERGY.COM

14. Fax Number

## Technical Contact Information

☒ Check here if Technical Contact is the same as Administrative Contact.

15. Contact Name\*

16. Title\*

17. Address\*

18. Phone Number\*

19. Mobile Number

20. E-mail\*

21. Fax Number

## Lease and Agreement

22. Lease Serial Number\*

NMNM0556859

24. If Unit or CA/Agreement, Name and/or Number

25. Field and Pool, or Exploratory Area\*

NASH DRAW;DELAWARE-BSAVSD

## County and State for Well

26. County or Parish, State\*

EDDY NM

## Associated Well Information

27. Specify well using one of the following methods:

a) Well Name, Well Number, API Number, Section, Township, Range, Qtr/Qtr, N/S Footage, E/W Footage

b) Well Name, Well Number, API Number, Latitude, Longitude, Metes &amp; Bounds description

<b>Well Name*</b> NASH UNIT		<b>Well Number*</b> 55H	<b>API Number</b> 30-015-43864
<b>Section</b> 13	<b>Township</b> 23S	<b>Range</b> 29E	<b>Meridian</b>
<b>Qtr/Qtr</b> —	<b>N/S Footage</b> 2011 FNL	<b>E/W Footage</b> 559 FWL	
<b>Latitude</b> —	<b>Longitude</b> —	<b>Metes and Bounds</b>	

28. Describe Proposed or Completed Operation

Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all markers and zones. Attach the Bond under which the work will be performed or provide the Bond Number on file pertinent with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

1/17/2017-02/03/2017: MIRU TESTED CASING TO 8796PSI.

02/07/2017-04/08/2017 STARTED STIMULATION OPERATION. 28 STAGES 1,967,308

SAND, 5740 GALS OF GEL, 49,812 BBLs OF WATER.

04/21/2017: START FLOWBACK.

I hereby certify that the foregoing is true and correct.

**29. Name\***

PATRICIA \_ DONALD

**30. Title**

REGULATORY ANALYST

**31. Date\* (MM/DD/YYYY)**

05/18/2017 Today

**32. Signature\***

*You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.*

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**Section 2 - System Receipt Confirmation**

33. Transaction

34. Date Sent

35. Processing Office

**Section 3 - Internal Review #1 Status**

36. Review Category

37. Date Completed

38. Reviewer Name

39. Comments

**Section 4 - Internal Review #2 Status**

40. Review Category

41. Date Completed

42. Reviewer Name

43. Comments

**Section 5 - Internal Review #3 Status**

44. Review Category

45. Date Completed

46. Reviewer Name

47. Comments

**Section 6 - Internal Review #4 Status**

48. Review Category

49. Date Completed

50. Reviewer Name

51. Comments

**Section 7 - Final Approval Status**

52. Disposition	53. Date Completed	54. Reviewer Name	55. Reviewer Title
56. Comments			

**GENERAL INSTRUCTIONS**

This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard local area, or regional procedures and practices, either are shown below will be issued by, or may be obtained from the local Federal office.

**SPECIFIC INSTRUCTIONS**

*Item 27* - Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult the local Federal office for specific instructions.

*Item 28* - Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by the local Federal office. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well and date well site conditioned for final inspection looking to approval of the abandonment.

**NOTICE**

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

**AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.**

**PRINCIPAL PURPOSE:** The information is used to: (1) Evaluate, when appropriate, approve applications, and report completion of subsequent well operations, on a Federal or Indian lease; and (2) document for administrative use, information for the management, disposal and use of National Resource lands and resources, such as: (a) evaluating the equipment and procedures to be used during a proposed subsequent well operation and reviewing the completed well operations for compliance with the approved plan; (b) requesting and granting approval to perform those actions covered by 43 CFR 3162.3-2, 3162.3-3, and 3162.3-4; (c) reporting the beginning or resumption of production, as required by 43 CFR 3162.4-1(c) and (d) analyzing future applications to drill or modify operations in light of data obtained and methods used.

**ROUTINE USES:** Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions in connection with congressional inquiries or to consumer reporting agencies to facilitate collection of debts owed the Government.

**EFFECT OF NOT PROVIDING THE INFORMATION:** Filing of this notice and report and disclosure of the information is mandatory for those subsequent well operations specified in 43 CFR 3162.3-2, 3162.3-3, 3162.3-4.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

Response to this request is mandatory.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

#### **BURDEN HOURS STATEMENT**

Public reporting burden for this form is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0135), Bureau Information Collection Clearance Officer, (WO-630), Mail Stop 401 LS, 1849 C St., N.W., LS, Washington D.C. 20240

OPERATOR XTO Energy API 30-0 15-43864

OGRID 65380 WELL NAME Nash Unit 554

Lease Type F S P

Date C104 Received 5/26/2017

Date File Reviewed     

P/W Deadline     

(20 days subsequent to Ready Date)

Inactive Well List      Max     

Financial Assurance     

New Well ☒ Test Allowable ☐

Recompletion ☐ Other ☐

TD Reached 12/26/2016

Rig Released 12/31/2016

Ready to Prod 4/21/2017

APD Approval 7/18/2016

Spud Notice ✓ Spud Date 12/7/2016

Gas Capture Plan on file      (eff 5/1/16)

frac report  
Perfs 7184-12285

Surface Casing ✓ PT ✓ TOC      Amended Required     

Intermediate ✓ PT ✓ TOC      Amended Required     

Production ✓ PT ✓ TOC      Amended Required     

Vertical ☐ Directional ☐ Horizontal ☐ Multi-Lateral ☐

Deviation Survey      @     

Directional Survey Rec'd 5/26/2017

TVD 8445 MD 12243

"As Drilled" C-102 5-26-2017

Completion Sundry 5-26-2017 Completion Report 5-26-2017 Logs     

Compliance: NSL-      NSP-       
DHC-      ART-     

OTHER REQUIREMENTS/       
NOTES     

APPROVED     

CONFIDENTIAL ☐ Out