UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

	DOTAL OF LAND MANAG	LIVIEIVI		A TOPOCIO	2017/01/01/0	directly 51, 2010	
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 such proposals.					5. Lease Serial No. NMNM19246		
					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well					8. Well Name and No.		
Z Oil Well ☐ Gas Well ☐ Other 2. Name of Operator Contact: PATRICIA DONALD					NASH UNIT 46H		
2. Name of Operator Contact: PATRICIA DONALD XTO ENERGY INC. E-Mail: PATRICIA_DONALD@XTOENERGY.COM					9. API Well No. 30-015-43081		
3a. Address 6401 HOLIDAY HILL ROAD MIDLAND, TX 79707	3b. Phone No. (include area code) Ph: 432-571-8220			Field and Pool or Exploratory Area NASH DRAW			
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Description)				11. County or Parish,	State	
Sec 18 T23S R30E 700FNL 1880FWL					EDDY COUNTY, NM		
12. CHECK THE A	PPROPRIATE BOX(ES) T	O INDICATE 1	NATURE O	F NOTICE, F	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION			FACTION			
Notice of Intent	☐ Acidize	□ Deepen		☐ Production (Start/Resume)		☐ Water Shut-Off	
	☐ Alter Casing ☐ Hydraulic Fra		Fracturing	☐ Reclamation		☐ Well Integrity	
☐ Subsequent Report	☐ Casing Repair	■ New Construction		☐ Recomplete		☑ Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon		□ Temporarily Abandon			
	☐ Convert to Injection	Plug Bac		☐ Water Disposal			
Attach the Bond under which the wo following completion of the involved testing has been completed. Final AI determined that the site is ready for f XTO SUBMITS THIS SUNFR EMAILING WITH JENNIFER COMPLETION PAPERWORK	bandonment Notices must be filed inal inspection. Y AS A REPONSE TO REM SANCHEZ SHE HAS YOUR	only after all requir	QUEST ON EST FOR C	ing reclamation,	w interval, a Form 3160 have been completed an	0-4 must be filed once and the operator has	
APR 1 9 2018							
Operator di	ictale 5 th	eir	DISTRICT	II-ARTES	irfice on	CB2	
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #411	983 verified by t	e RI M Well	Information C	//		
	FORXIDEN	ERGY INCL. sen	to the Carls	shad /			
Name (Printed/Typed) PATRICIA DONALD Title REC				TORY ANAL			
			/	TOTAL AITAL			
Signature (Electronic S	ubmission)	Date	04/17/20	BTFD F	OR RECORD		
	THIS SPACE FOR	FEDERAL OF	STATE	FFICE USE	/XI//		
Approved By		Title		APR 17	7 20/18	∩ \ Date	
onditions of approval, if any, are attached rtify that the applicant holds legal or equi hich would entitle the applicant to conduc	itable title to those rights in the sub	warrant or		SAU OF LAND	MANAGEMENT	Date	
tle 18 U.S.C. Section 1001 and Title 43 U States any false, fictitious or fraudulent st	LS C. Section 1212 make it a crim	e for any norson la	1/1	A PHODIA	to any department or ag	ency of the United	

(Instructions on page 2)

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **