Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

OCD Artesia

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No. NMNM111533

6. If Indian, Allottee or Tribe Name

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. A Malan Mottee of Mile Marie	
SUBMIT IN TRIPLICATE – Other instructions on page 2. 1. Type of Well.				7. If Unit of CA/Agreement, Name and/or No. NMNM136965	
Oil Well Gas Well Other				Well Name and No. Corral Canyon Federal Com 1H	
2. Name of Operator XTO Energy, Inc.				9. API Well No. 30-015-43428-00-S1	
3a. Address 640! Holiday Hill Road, Bldg 5 Midland, TX 79707 3b. Phone No. (include area of 432-620-4318			area code)	10. Field and Pool or Exploratory Area Willow Lake - Bone Spring, SE	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Sec 6 T25S R29E SESE 190FSL 470FEL				11. Country or Parish, State Eddy County, NM	
12. CHEC	K THE APPROPRIATE BO	X(ES) TO INDICATE 1	NATURE OF NOT	ICE, REPORT OR OTHE	ER DATA
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construc	Re	oduction (Start/Resume) clamation complete	Water Shut-Off Well Integrity Other Surface Disturbance
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abar		mporarily Abandon ster Disposal	
Attach the Bond under which the vision of the involve testing has been completed. Final determined that the site is ready for XTO Energy, Inc. respectfully re 2RP-5201.	red operations. If the operation Abandonment Notices must be final inspection.)	on results in a multiple on the filed only after all required	completion or recon juirements, includir	npletion in a new interval, ag reclamation, have been de to install soil bores ar	a Form 3160-4 must be filed once completed and the operator has and remediate open spill file
	1			ARTESI/	NSERVATION A DISTRICT 2 1 2019
				REC	CEIVED
14. I hereby certify that the foregoing is Name (Printed Typed) Amy C. Ruth Signature	rue and correct		SHE Coordinator		
	THIS SPACE	FOR FEDERAL	OR STATE O	FFICE USE	
Approved by .	res G. Com		itle SPE	1	7-17-19
Conditions of approval, it and, are attache that the applicant holds legal or equitable	d. Approval of this notice doe	s not warrant or certify ct lease which would	Office Of	 າ	

on 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,

(Instructions on page 2)

entitle the applicant to conduct operations thereon.

us or fraudalent statements or representations as to any matter within its jurisdiction.

Untitled Map

Write a description for your map.

Legend

Feature 1

Untitled Polygon



BH02(6)

CHOS (C)

BH01(a)

BH06/(1)

BH047(di)

BH05 (e)