Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5 Lease Serial No.

1	NMSF-07	9756A			
۰6	. If Indian,	Allottee	or	Tribe	Name

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

abandoned well. Use Fori	m 3160-3 (APD) fo	r such proposals. >^!	27 July		
SUBMIT IN TRIPLICA	TE - Other instruction	ons on page 2	J 20 50	If Unit or CA/Agreement, Name and/or No	
Type of Well	19 Oursus,				
Oil Well X Gas Well Other	1. Type of Well Oil Well X Gas Well Other  2. Name of Operator XTO ENERGY INC.  3a. Address  3b. Phone No. (include area code)				
2. Name of Operator	Skring La	CARSON FEDERAL H #1			
XTO ENERGY INC.			Wagno.	9. API Well No.	
3a Address		3b. Phone No (include are	ea code)	30-039-25330	
382 CR 3100 AZTEC, NM 87410	<del>, , , , , , , , , , , , , , , , , , , </del>	505-333-3176		10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T. R., M., or Survey)		BASIN FRUITLAND COAL			
1900' FNL & 790' FEL SENE SEC.4	(H) -T29N-R4W	N.M.P.M.		BLANCO MESA VERDE	
				11. County or Parish, State	
· Chron and and	a powers as nu	NO AME NAMEDO OF A	LOWIGE PERO	RIO ARRIBA NM	
12. CHECK APPROPRIATI	E BOX(ES) TO INI		<del>-</del>	RT, OR OTHER DATA	
TYPE OF SUBMISSION		TYPE OF A		ACTION	
Notice of Intent	Acidize	Deepen	Production	(Start/Resume) Water Shut-Off	
_	Alter Casing	Fracture Treat	Reclamatio	n Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete	e X Other RWTP	
	Change Plans	Plug and Abandon	Temporaril		
Final Abandonment Notice					
	Convert to Injecti	on Plug Back	Water Disp	osai	
following completion of the involved operations testing has been completed. Final Abandonment is determined that the final site is ready for final inspective to the final site is returned the 6/15/2011.  IFR 188 MCFPD.  SITP 446 psig. SICP 0 psig.	Notices shall be filed or ction.)	ly after all requirements, inc	this well t	n, have been completed, and the operator has	
14. I hereby certify that the foregoing is true and correct Name ( <i>Printed/Typed</i> )  TEENA M. WHITING		Title RECULA	TORY COMPLIA	ANCE TECHNICIAN	
Signature seena M. White	NA	Date 6/17/201	L1	FOR RECORD	
THIS	S SPACE FOR FEL	ERAL OR STATE OF	FICE USE	ACCELLED O	
Approved by		Title		JUNIA O ZON	
Conditions of approval, if any, are attached Approval of this not the applicant holds legal or equitable title to those rights in the su entitle the applicant to conduct operations thereon		FARMINGTON FIELD OFFICE			

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime bit 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