Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

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-	Lagge	Sarral No.

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	NMSF-	077384		

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Do not use this form for p abandoned well. Use Form	6. If Indian, Allotte	e or Tribe Name			
SUBMIT IN TRIPLICATE - (Other instructions on rever	rse side RECEI	VED	7. If Unit or CA/Ag	greement, Name and/or No.
On wen X das wen Other					No. AL #2G
2. Name of Operator XTO Energy Inc.	9. API Well No.				
Ba. Address	3b. Phone	e No. (include area cod	´ .	30-045-32697	
2700 Farmington Ave., Bldg. K. Ste		505-324-109	0	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey L	Pescription)			BASIN DAKOTA	
665' FSL & 1,860' FEL				BASIN MANCOS	
SEC. 06, T27N, R10W, UL O				11. County or Parish, State	
				SAN JUAN	NM
12. CHECK APPROPRIATE	BOX(ES) TO INDICATE N	NATURE OF NOTION	CE, REPO	ORT, OR OTHER	R DATA
TYPE OF SUBMISSION		TYPE OF	ACTION		
Notice of Intent		racture Treat	Production Reclamation	(Start/Resume)	Water Shut-Off Well Integrity
X Subsequent Report		ew Construction	Recomplete		Other PRESSURE TST
Final Abandonment Notice		lug and Abandon	Temporarily		ROD CSG
		lug Back	Water Disp		
13. Describe Proposed or Completed Operation (clearly If the proposal is to deepen directionally or recomp Attach the Bond under which the work will be per following completion of the involved operations. I testing has been completed. Final Abandonment determined that the final site is ready for final inspec	lete horizontally, give subsurface to formed or provide the Bond No. of f the operation results in a multiple lotices shall be filed only after all	ocations and measured a on file with BLM/BIA. e completion or recomp	and true ver Required so letion in a n	tical depths of all pe ubsequent reports sh new interval, a Form	ritinent markers and zones. hall be filed within 30 days 3160-4 shall be filed once
XTO Energy Inc. pressure tested 5 chart. Increased pressure to 380		-	1500 ps	sig for 30 min	utes with
			5678 84.89	(13 14 15 16 17 70) \$ 3 5 5 3 5 6	100 N 22 23

14. Thereby cartify that the foregoing is true and correct Name (Printed Typed) FIGLLY C. PERKINS	Title	RECHILATORY CO	PLIANCE TECH	
Kelly C. Terkins	Date		ACCEPTED FOR RECORD	
THIS SPACE FOR FEDER	RAL OR	STATE OFFICE USE	C. D. A. 7 2005	
Approved by	Tit	le	Date Date	
Conditions of approval, if any, are attached. Approval of this notice does not warracertify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.	int or Of lease	fice	BY	

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.