Form 3160-5 (August 2007)

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

## SUNDRY NOTICES AND REPORTS ON WELLS

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

|   |       |            | _ |
|---|-------|------------|---|
| 5 | Leace | Serial No. |   |

| 4-20-0    | U4-6Z   |          |      |
|-----------|---------|----------|------|
| If Indian | Allotte | or Tribe | Name |

| abandoned well. Use Form 3160-3 (APD) for such proposals.   |  |  |  | 6. If Indian, Allottee or Tribe Name UTE MOUNTAIN UTE TRIBE |                                      |   |   |                                       |
|---|--|--|--|---|--------------------------------------|---|---|---------------------------------------|
|   |  |  |  | 7. If Unit or CA/Agreement, Name and/or N                   |                                      |   |   |                                       |
|   |  |  |  | N/A-NI  | Mille                                | 5933  |   |                                       |
| 1. Type of Well Oil Well X Gas Well Other   |  |  |  | 8. Well Name and No. UTE INDIANS A #43                      |                                      |   |   |                                       |
| 2. Name of Operator   | ,  |  |  |   | [                                    | حدمها عده   | בציו א מוא  |                                       |
| XIO ENERGY INC.   |  | Lat Bi                                 |  | · · ·   | [                                    | 9. API Well N                                     | No.   |                                       |
| 3a. Address   |  |  | b. Phone No. (include area code)                         |   |                                      | <u>30-045-34</u>                                  |   |                                       |
| 382 CR 3100 AZTEC, NM 87410 4. Location of Well (Footage, Sec., T., R., M., or Survey Des   | cription)  | <u>:</u>                               | 505-333-3100   |   |                                      | 10. Field and UNE DOME                            | Pool, or Expl                                       | oratory Area                          |
| · -   | 31N -R14W NM   | DM.                                    | ·  |   |                                      | GIE LANE  | DAIWIA  |                                       |
| 1170 11th & 1370 17th, BBC.1 (C) 1  | 2114 -1/144 144  | EPI                                    | •  |   |                                      | II. County o                                      | or Parish, State                                    |                                       |
|   |  |  |  |   |                                      | SAN JUAN  |   | NM                                    |
| 12. CHECK APPROPRIATE E   | BOX(ES) TO INI   | DICATE                                 | NATURE OF N  | OTICE,  | REPOR                                | RT, OR OTH  | ER DATA   |                                       |
| TYPE OF SUBMISSION  |  |  | TY   | PE OF AC  | CTION                                |   |   |                                       |
| X Notice of Intent  | Acidize  |  | Deepen   | Pr  | oduction (                           | (Start/Resume)                                    | Water S   | Shut-Off                              |
| <u> </u>  | Alter Casing   | $\Box$                                 | Fracture Treat   | Re  | eclamation                           |   | Well Int  | egrity                                |
| Subsequent Report   | Casing Repair  | 一                                      | New Construction   | □ R   | ecomplete                            |   | X Other   | METER                                 |
|   | Change Plans   |  | Plug and Abandon   | <del></del>   | emporarily                           |   |   |                                       |
| Final Abandonment Notice  | ≓ ` \  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Plug Back  | $\equiv$  |                                      |   | CALIBRA   | I,TON                                 |
|   | Convert to Injection   |  | Plug Back  |   | ater Dispo                           | osai  | VARIANCE  | <u> </u>                              |
| If the proposal is to deepen directionally or recomplete Attach the Bond under which the work will be perfor following completion of the involved operations. If the testing has been completed. Final Abandonment Not determined that the final site is ready for final inspection XTO Energy Inc. would like to reque | med or provide the<br>e operation results it<br>ces shall be filed on<br>n.) | Bond No<br>n a multip<br>aly after a   | on the with BLM ole completion or real requirements, inc | ecompletic  | quired su<br>on in a ne<br>clamation | bsequent repo<br>w interval, a l<br>, have been o | rts shall be file<br>Form 3160-4 s<br>ompleted, and | hall be filed once<br>the operator ha |
| calibration. Due to low volume (le  |  |  |  |   |                                      |   |   |                                       |
| for this well semi-annually   |  | ·                                      | 24   | -   | -                                    |   |   |                                       |
| \(\frac{\partial}{2}\)  | Y  |  |  |   |                                      |   | •   |                                       |
|   |  |  |  |   |                                      | FRE   | Same Of Many  | **<br>_}                              |
|   |  |  |  |   |                                      | OCT   | 0 2 2012  |                                       |
| J   |  |  |  | •   | 705                                  |   | 4.11.6  |                                       |
| Averag  | ge pro   | du                                     | Hion>  | 100   |                                      | 1.525   | militarion<br>Solomoi<br>L                          |                                       |
| 14. I hereby certify that the foregoing is true and correct   |  | <del></del> -                          |  |   |                                      |   |   |                                       |
| Name (Printed/Typed)  KRISTEN D. LYNCH  |  | Tit                                    | ie REGULA  | TORY AM   | ·<br>VALYST                          |   |   |                                       |
| Signature Kurten D. Lynn  | h  | Da                                     | ate 9/28/201   | .2  |                                      |   |   |                                       |
| / OTHIS S   | PACE FOR FED   | ERAL                                   | OR STATE OF  | ICE US  | E                                    |   |   |                                       |
| Approved by ACCEPTED FOR RECO   | )BD  |  | Title  | - <del></del>   | =                                    | . D   | ate   |                                       |
| Conditions of approval, if any, are attached. Approval of this notice of the applicant holds legal or equitable title to those rights in the subject  | oes not warrant or cert  | ify that                               | Office   |   |                                      |   |   |                                       |

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.