Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

SHINDRY	NOTICES		REPORTS	ON	WELLS
COMPIL	INCLU	MIND	NEFUNIO		** LLL

Do not use this form for proposals to drill or to re-enter an

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

5.	Lease	Serial	No.

NM	SF-078	863			
6.	If Indian.	Allottee	or	Tribe	Name

abandoned well. Use For	m 3160-3 (APD) for	such proposals.	•	N/A		
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit or CA	7. If Unit or CA/Agreement, Name and/or No	
1. Type of Well			<u> </u>	N/A		
Oil Well X Gas Well Other				8. Well Name and No. KRAUSE WN FEDERAL #1 E		
2. Name of Operator XTO ENERGY INC.		1	- · · · · · · · · · · · · · · · · · · ·		EDERAL #1 E	
3a. Address		3b. Phone No. (include a	urea code)	9. API Well No.	_	
382 CR 3100 AZTEC, NM 87410		505-333-3630	,	30-045-24210 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey I	Description)			1	A/KUTZ GALLUP	
790' FNL & 1520' FWL NENW SEC.32	(C) -T28N-R11W					
		•			11. County or Parish, State	
12. CHECK APPROPRIATE	E BOX(ES) TO INI	DICATE NATURE OF	NOTICE. REPO	I SAN JUAN ORT. OR OTHEI	R DATA	
TYPE OF SUBMISSION			YPE OF ACTION			
<u></u>			V Date:		7 114 - 61 - 66	
Notice of Intent	Acidize	Deepen		n (Start/Resume)	Water Shut-Off	
X Subsequent Report	Alter Casing	Fracture Treat	Reclamation	on [Well Integrity	
A succession respon	Casing Repair	New Construction	Recomple	te [X Other <u>DO CBP</u>	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporari	ily Abandon	1ST DELIVER DHC	
	Convert to Injection	on Plug Back	Water Dis	posal	KUTZ GP/BASIN DK	
XTO Energy Inc. has DO CBP and Fi 10/13/14 - 10/15/2014 TOH 2-3/8", 2-3/8",-4.7#,-J-55,-8rd,-EUE-tbg. GP perfs fr/5,468' - 5,692' DK pe XTO Energy Inc. has first deliver 2:30 p.m. IFR 400 MCFD.	4/7#, J-55, 8r PT-tbg-to-2000 erfs fr/6,177' -	d, EUE tbg. DO CBI -psigTst_OKSN 6,287'.	? and CO fr/ _@_6,240!,_B	6,274' - 6,3 OT-@_6,241 <u>'</u> .	PBTD_@_6,337'	
2:50 p.m. Irk 400 153rb.	. 0	L CONS. DIV DIST	. 3	CEPTED FOR	RECORD	
		JAN 1 4 2015				
	•	V/ II. 2 = =		JAN 09	2013	
•			F	ARMINGTON FIELD SY: TL S.	D OFFICE	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) SHERRY J. MORROW		Title 1.EAD	REGULATORY A	NALYST		
Ω	mont	Date 10/20/2				
		ERAL OR STATE OF	FFICE USE			
Approved by		Title		Dat	e	
Conditions of approval, if any, are attached. Approval of this not the applicant holds legal or equitable title to those rights in the sul entitle the applicant to conduct operations thereon.	ice does not warrant or cert bject lease which would	ify that Office				