| Form 3160-5<br>(August 2007) UNITED STATES<br>DEPARTMENT OF THE INTERIOR                                                                                                          |                                                            |                                  |                                    | OMB N                                                       | APPROVED<br>(0. 1004-0135 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------|------------------------------------|-------------------------------------------------------------|---------------------------|--|
| BUREAU OF LAND MANAGEMENT                                                                                                                                                         |                                                            |                                  |                                    | Expires: July 31, 2010<br>5. Lease Serial No.<br>4206032198 |                           |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>Do not use this form for proposals to drill or to re-enter an <b>RECEIVED</b><br>abandoned well. Use form 3160-3 (APD) for such proposals. |                                                            |                                  |                                    | 6. If Indian Allottee or Tribe Name                         |                           |  |
|                                                                                                                                                                                   |                                                            |                                  |                                    | SHIPROCK                                                    |                           |  |
| SUBMIT IN TRI                                                                                                                                                                     | s on reverse sideJUN                                       | 0 9 2015 7                       | . If Unit of CA/Agre<br>NMNM 22033 | ement, Name and/or No.                                      |                           |  |
| I. Type•of Well<br>☐ Oil Well 🛛 Gas Well 🔲 Ott                                                                                                                                    |                                                            | Farminat                         | n Field Offica                     | . Well Name and No.<br>NAVATO 14 2                          |                           |  |
| 2. Name of Operator<br>XTO ENERGY INC                                                                                                                                             | Contact: DOL<br>E-Mail: dee_johnson@x                      | ENA (DEE) JOHNSON                | and Manageme                       | API Well No.<br>90-045130654-0                              | )0-S1                     |  |
| 3a. Address<br>382 CR 3100<br>AZTEC, NM 87410                                                                                                                                     | Phone No. (include area code<br>: 505-333-3164             |                                  |                                    |                                                             |                           |  |
| 4. Location of Well (Footage, Sec., 7                                                                                                                                             |                                                            | 11. County or Parish, and State  |                                    |                                                             |                           |  |
| Sec 14 T29N R14W SENE 19                                                                                                                                                          |                                                            |                                  | SAN JUAN COUNTY, NM                |                                                             |                           |  |
| 12. CHECK APPI                                                                                                                                                                    | ROPRIATE BOX(ES) TO INI                                    | DICATE NATURE OF                 | NOTICE, REP                        | ORT, OR OTHE                                                | R DATA                    |  |
| TYPE OF SUBMISSION                                                                                                                                                                |                                                            | TYPE OF ACTION                   |                                    |                                                             |                           |  |
| Notice of Intent                                                                                                                                                                  | ☐ Acidize                                                  | Deepen                           | Production                         | (Start/Resume)                                              | □ Water Shut-Off          |  |
| □ Notice of Intent                                                                                                                                                                | Alter Casing                                               | Fracture Treat                   | Reclamation                        |                                                             | Well Integrity            |  |
| Subsequent Report                                                                                                                                                                 | Casing Repair                                              | New Construction                 | Recomplete                         |                                                             | □ Other                   |  |
| Final Abandonment Notice                                                                                                                                                          | Change Plans                                               | Plug and Abandon                 | Temporarily Abandon                |                                                             |                           |  |
|                                                                                                                                                                                   | □ Convert to Injection                                     | Plug Back                        | 🗖 Water Disj                       | posal                                                       | ·                         |  |
| following completion of the involved<br>testing has been completed. Final At<br>determined that the site is ready for fi<br>XTO Energy Inc. has returned<br>than 90 days.         | pandonment Notices shall be filed onl<br>inal inspection.) | ly after all requirements, inclu | ding reclamation, h                |                                                             |                           |  |
| ·                                                                                                                                                                                 |                                                            |                                  | 0                                  | IL CONS. DIV                                                | DIST. 3                   |  |
|                                                                                                                                                                                   |                                                            | JUN 1 5 2015                     |                                    |                                                             |                           |  |
|                                                                                                                                                                                   |                                                            |                                  |                                    |                                                             |                           |  |
|                                                                                                                                                                                   | ·····                                                      |                                  |                                    |                                                             |                           |  |
| 4. I hereby certify that the foregoing is                                                                                                                                         | Electronic Submission #30435                               | GY INC, sent to the Farm         | ington                             | •                                                           |                           |  |
| Name(Printed/Typed) DOLENA                                                                                                                                                        |                                                            | •                                | PLIANCE TECHN                      |                                                             |                           |  |
| Signature (Electronic S                                                                                                                                                           | Submission)                                                | Date 06/09/2                     | Date 06/09/2015                    |                                                             |                           |  |
|                                                                                                                                                                                   | THIS SPACE FOR F                                           | EDERAL OR STATE                  | OFFICE USE                         |                                                             |                           |  |
|                                                                                                                                                                                   |                                                            | TROY SA<br>TitlePETROLE          | LYERS<br>EUM ENGINEE               | R                                                           | Date 06/10/2015           |  |
| nditions of approval, if any, are attache<br>tify that the applicant holds legal or equich would entitle the applicant to condu-                                                  |                                                            | gton                             |                                    |                                                             |                           |  |
| tle 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent                                                                                             |                                                            |                                  |                                    | to any department or                                        | agency of the United      |  |
| ** BLM RFV                                                                                                                                                                        | ISED ** BLM REVISED **                                     | BLM REVISED ** BI                | M REVISED **                       | * BLM REVISE                                                | D **                      |  |

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