Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name		
					SUBMIT IN TRIPLICATE - Other instructions on reverse side.
1. Type of Well					
2. Name of Operator XTO ENERGY INC Contact: CHERYLENE WESTON E-Mail: cherylene_weston@xtoenergy.com					
3a. Address 9123 S. JAMAICA ST. ENGLEWOOD, CO 80155 3b. Phone No. (include area code) Ph: 505-333-3190			10. Field and Pool, or Exploratory BASIN FRUITLAND COAL		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish, and State		
Sec 10 T26N R11W SWNE 1970FNL 1790FEL 36.504050 N Lat, 107.988220 W Lon			SAN JUAN COUNTY, NM		
OPRIATE BOX(ES) TO			ER DATA		
TYPE OF ACTION					
☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off		
☐ Alter Casing	☐ Fracture Treat	Reclamation	□ Well Integrity☑ OtherOnshore Order Varian		
Casing Repair	☐ New Construction	☐ Recomplete			
Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon			
			ce		
lly or recomplete horizontally, will be performed or provide operations. If the operation res	give subsurface locations and meas the Bond No. on file with BLM/BL sults in a multiple completion or rec	sured and true vertical depths of all pert A. Required subsequent reports shall b	oximate duration the inent markers and zo e filed within 30 day 60-4 shall be filed or		
	er: COAL BED METHANE Contact: E-Mail: cherylene R. M., or Survey Description, 70FNL 1790FEL W Lon OPRIATE BOX(ES) TO Acidize Alter Casing Casing Repair Change Plans Convert to Injection ration (clearly state all pertinenly or recomplete horizontally, cwill be performed or provide operations. If the operation rs.	Exercise form for proposals to drill or to re-enter and Use form 3160-3 (APD) for such proposals. PLICATE - Other instructions on reverse side. Exercise: COAL BED METHANE Contact: CHERYLENE WESTON E-Mail: cherylene_weston@xtoenergy.com 3b. Phone No. (include area cod Ph: 505-333-3190 R., M., or Survey Description) 70FNL 1790FEL W Lon OPRIATE BOX(ES) TO INDICATE NATURE OF TYPE COAL BED METHANE Contact: CHERYLENE WESTON 3b. Phone No. (include area cod Ph: 505-333-3190 R., M., or Survey Description) TOFNL 1790FEL W Lon OPRIATE BOX(ES) TO INDICATE NATURE OF TYPE COAL BED METHANE Contact: CHERYLENE WESTON 3b. Phone No. (include area cod Ph: 505-333-3190 R., M., or Survey Description) TOFNL 1790FEL W Lon OPRIATE BOX(ES) TO INDICATE NATURE OF TYPE COAL BED METHANE Contact: CHERYLENE WESTON 3b. Phone No. (include area cod Ph: 505-333-3190 R., M., or Survey Description) TYPE COAL BED METHANE Contact: CHERYLENE WESTON B. Phone No. (include area cod Ph: 505-333-3190 R., M., or Survey Description) TYPE COAL BED METHANE Contact: CHERYLENE WESTON B. Phone No. (include area cod Ph: 505-333-3190 R., M., or Survey Description) TYPE COAL BED METHANE Contact: CHERYLENE WESTON B. Phone No. (include area cod Ph: 505-333-3190 R., M., or Survey Description) TYPE COAL BED METHANE Contact: CHERYLENE WESTON B. Phone No. (include area cod Ph: 505-333-3190 R., M., or Survey Description) TYPE COAL BED METHANE COAL	6. If Indian, Allottee Contact: CHERYLENE WESTON E-Mail: cherylene_weston@xtoenergy.com 3b. Phone No. (include area code) Ph: 505-333-3190 11. County or Parish COPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHI TYPE OF ACTION Acidize Deepen Production (Start/Resume) Alter Casing Fracture Treat Reclamation Casing Repair New Construction Recomplete Change Plans Plug and Abandon Temporarily Abandon Convert to Injection Plug Back Water Disposal ration (clearly state all pertinent details, including estimated starting date of any proposed work and apprely or recomplete horizontally, give subsurface locations and measured and true vertical depths of all perts will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be operations. If the operations results in a multiple completion or recompletion in a new interval, a Form 31 Coprations. If the operation results in a multiple completion or recompletion in a new interval, a Form 31 Coprations. If the operation results in a multiple completion or recompletion in a new interval, a Form 31 Coprations. If the operation results in a multiple completion or recompletion in a new interval, a Form 31 Coprations. If the operation results in a multiple completion or recompletion in a new interval, a Form 31		

OIL CONS. DIV DIST. 3 JUL 21 2016

14. I hereby certify that the	ne foregoing is true and correct. Electronic Submission #344835 verifie For XTO ENERGY INC, Committed to AFMSS for processing by WILLI	sent to	the Farmington	
Name (Printed/Typed)	CHERYLENE WESTON	Title	SR. PERMITTING ANALYST	
Signature	(Electronic Submission)	Date	07/15/2016	
	THIS SPACE FOR FEDERA	L OR	STATE OFFICE USE	2000年
Approved By WILLIAN	I TAMBEKOU	Title	PETROLEUM ENGINEER	Date 07/18/201
certify that the applicant hol	ny, are attached. Approval of this notice does not warrant or ds legal or equitable title to those rights in the subject lease licant to conduct operations thereon.	Office	Farmington	
	1 and Title 43 U.S.C. Section 1212, make it a crime for any poor fraudulent statements or representations as to any matter w			t or agency of the United

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

