Form 3160-5 (March 2012)

UNITED STATES RECEIVED

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT 0 2017

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

5. Lease Serial No. NMSF046563

SUNDRY	NOTICES AND I	REPORTS ON WELLS	
Do not use this	form for propos	sals to drill or to re-ent	er an
abandoned well.	Use Form 3160	0-3 (APD) for such prop	
		Bureau of Land Menau	GT G

Do not use this f	form for proposals to d Use Form 3160-3 (A₽ื่อี	6. If Indian, Allottee o	6. If Indian, Allottee or Tribe Name		
SUBMI	T IN TRIPLICATE – Other inst	7. If Unit of CA/Agree	7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well					
Oil Well Gas W	/ell Other	8. Well Name and No. Fred Feasel J 1	8. Well Name and No. Fred Feasel J 1		
2. Name of Operator XTO Energy Inc.		9. API Well No. 30-045-07031	9. API Well No. 30-045-07031		
3a. Address PO Box 6501 Englewood, CO 80155 3b. Phone No. (include area code)				10. Field and Pool or Exploratory Area Basin Dakota	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1850' FNL & 1850' FEL Sec. 34 T-28N R-10W SWNE				11. County or Parish, State	
1850' FNL & 1850' FEL Sec. 34 T-28N R-10V	SWNE SERVEY DESCRIPTION	San Juan, NM			
12. CHEC	K THE APPROPRIATE BOX(E	S) TO INDICATE NATURE OF N	NOTICE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION		ACTION	ION		
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume) Reclamation	Water Shut-Off Well Integrity ✓ Other Final	
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily Abandon	Abandonment	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	Notice	
testing has been completed. Final determined that the site is ready fo XTO Energy Inc. requests aprroval Surface Inspection for this well has	r final inspection.) for Final Abandonment of this been completed and approved	well. XTO has completed final I by Randy McKee with BLM on	reclamation per the Condit June 13, 2017.		
14. I hereby certify that the foregoing is t Rhonda Smith	rue and correct. Name (Printed/Typ	Title Regualtory Cl	erk		
Signature Rhondo	ignature Phonda Smith Date 06/26/2017				
	THIS SPACE FO	R FEDERAL OR STATE	OFFICE USE		
Conditions of approval, if any, are attached that the applicant holds legal or equitable to entitle the applicant to conduct operations Title 18 U.S.C. Section 1001 and Title 43	itle to those rights in the subject lea thereon.	warrant or certify se which would Office	8	Date 7/6//4 It or agency of the United States any false,	
fictitious or fraudulent statements or repre			, to mane to unit departmen		

(Instructions on page 2)