## **RECEIVED**

Form 3160-5 (March 2012)

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

SEP 0 8 2017

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

5. Lease Serial No. NMSF079065

SUNDRY NOTICES AND REPORTS ON WELLINGTON Field Office 6. If Indian, Allottee or Tribe Name

Do not use this form for proposals to drill onto an entered Management

|   | SUBMIT IN TRIPLICATE – Other instructions on page 2. |   |  |                                       | 7. If Unit of CA/Agreement, Name and/or No. |  |
|---|--|---|--|---------------------------------------|---|--|
| 1. Type of Well   |  |   |  | - NMNM108237                          |   |  |
| ☐ Oil Well ☐ Gas Well ☐ Other   |  |   | Eato   | 8. Well Name and No.<br>Eaton White 3 |   |  |
| 2. Name of Operator<br>XTO Energy Inc.  |  |   | 9. AP<br>30-0                                      | 9. API Well No.<br>30-045-30880       |   |  |
| 3a. Address   | 3b. Phone No. (include a                             | Phone No. (include area code)  10. Field and Pool or Exploratory Area |  |                                       |   |  |
| 382 CR 3100 Azrec NM 87410 505-3  |  |   |  | 505-333-3215                          | ctured Cliffs                               |  |
| 4. Location of Well (Footage, Sec., T., F<br>Sec. 20 (P) SESE T29N R13W 1058' FSL & 790 |  |   | 11. County or Parish, State<br>San Juan County, NM |                                       |   |  |
| 12. CHEC  | K THE APPROPRIATE BO                                 | X(ES) TO INDICATE NA  | ATURE OF NOTICE, RE                                | PORT OR OTH                           | ER DATA                                     |  |
| TYPE OF SUBMISSION  |  |   | TYPE OF ACTION                                     |                                       |   |  |
| Notice of Lutant  | Acidize  | Deepen  | Production   | (Start/Resume)                        | Water Shut-Off                              |  |
| Notice of Intent  | Alter Casing   | Fracture Treat  | Reclamation  |                                       | Well Integrity                              |  |
|   | Casing Repair  | New Construction  | n Recomplete                                       |                                       | Other Final                                 |  |
| Subsequent Report   | Change Plans   | Plug and Abando   |  |                                       | Abandonment                                 |  |
| Final Abandonment Notice  | Convert to Injection                                 | Plug Back   |  |                                       | Notice                                      |  |
|   |  |   |  | OI                                    | L CONS. DIV DIST. 3 SEP 1 5 2017            |  |
|   |  |   |  |                                       |   |  |
| * :<br>* :  |  |   | 9<br>•   |                                       |   |  |
| 14. I hereby certify that the foregoing is tr<br>Rhonda Smith                           | ue and correct. Name (Printed                        |   | egualtory Clerk:                                   |                                       |   |  |
|   | rue and correct. Name (Printed                       | Title Re  | egualtory Clerk:                                   |                                       |   |  |
| Rhonda Smith  | a Smith  | Title Re  | 0/07/2017  | USE                                   |   |  |
| Rhonda Smith  | a Smith  | Title Re  | R STATE OFFICE                                     |                                       | 9/11/17                                     |  |

(Instructions on page 2)

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

