Form 3160-5 (April 2004)

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

VOCINIS	NOTICES	AND	REPORTS	ON	MACEL	
CHMINEY	MOTORES	ANII	REPORTS	ON	WHI	

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED OMB NO. 1004-0137 3 17 Expires March 31, 2007

5. Lease Serial NOE CEIVED

NMSF-077952 A D	HILLOTAL	
6. If Indian, Allottee	or Tribe Name	HM

abandoned well. Use Form	n 3160-3 (APD) for suc	n proposais.					
SUBMIT IN TRIPLICATE - Other instructions on reverse side					Agreement, Name and/or No.		
1. Type of Well Oil Well X Gas Well Other  2. Name of Operator	RECEIVED  8. Well, Name and No. C. JC GORDON D #2FT ON NM						
XTO Energy Inc.				9. API Well No			
3a. Address 3b. Phone No. (include area code)					30-045-33444		
2700 Farmington Ave., Bldg. K. Ste 1 Farmington, 505-324-1090					10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey I		BASIN DAKOTA					
2330' FNL & 1575' FWL SEC 22-T27N-R10W					GALLUP		
					11. County or Parish, State		
12. CHECK APPROPRIATE	BOX(ES) TO INDICA	TE NATURE OF N	NOTICE, REP	DRT, OR OT	HER DATA		
TYPE OF SUBMISSION TYPE OF ACTIO				<u> </u>			
Notice of Intent			(Start/Resume)	Water Shut-Off			
	Alter Casing	Fracture Treat	Reclamatio	n	Well Integrity		
Subsequent Report	Casing Repair	New Construction	Recomplet	e	X Other SPUD, TD, PT		
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporari	ly Abandon	SURF CSG		
	Convert to Injection	Plug Back	Water Disp	oosal			
Cmtd w/240 sx Type III cmt w/2% of surf. PT surf csg to 1000# f/30  Reached driller's TD of 6999' @ 2  PLINT WHE DISK  RIH w/5-1/2", 15.5#, J-55 csg to celloflake, 0.5% FL52, 2% phenose CD32, 1/4 pps celloflake, 0.2% FT Type III cmt w/8% Bentonite, 1/4  III neat cmt (14.5 ppg & 1.39 cui	min. Held OK. 2:00 p.m., 6/6/06. 6983' KB. Cmtd 1steal & 2% KCl (12.5 placed) L52 & 2% phenoseal pps cellflake & 2%	t stage w/210 so ppg & 2.01 cuft, (14.2 ppg & 1.4)	x Prem Lite /sx) f/b 150 8 cuft/sx).	cmt w/0.2% ) sx Type I Cmtd 2nd cuft/sx) f	CD32, 1/2 pps II cmt w/0.3% stage w/400 sx /b 100 sx Type		
**Production casing will be teste	ed upon completion.	<b>**</b>		-^	4		
	Report Tol		Stages	5673	JUL 2006		
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)		Title		150	DIST. S		
LORRI D. BINGHAM		REGULA	TORY COMPLI	ANCE TECHY	WE'NG 6282 129		
July Manan	<u> </u>	Date 6/30/06	<del> </del>	Af	Control of the Control		
	S SPACE FOR FEDERA	AL OR STATE OF	FICE USE		1111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Approved by		Title		D	ate JUL 1 U ZUU6		
Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations t	those rights in the subject l	nt or Office		FAR	WOTON FEED CFFICE		