

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

5. Lease Serial No. **NMSF-080844**

6. If Indian, Allottee or Tribe Name **44**

7. If Unit or CA/Agreement, Name and/or No. **NM**

8. Well Name and No. **TL RHODES C #3**

9. API Well No. **30-045-11808**

10. Field and Pool, or Exploratory Area **BASIN DAKOTA/KUTZ GALLUP**

11. County or Parish, State **SAN JUAN NM**

1. Type of Well  
 Oil Well  Gas Well  Other

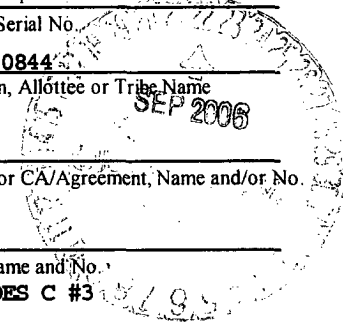
2. Name of Operator  
**XTO ENERGY INC.**

3a. Address **2700 Farmington Ave., Bldg. K. Ste 1 Farmington,**

3b. Phone No. (include area code) **505-324-1090**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**1190'FNL, 2180'FEL SEC 31B-T28N-R11W**

2006 SEP 21 AM 11  
RECEIVED  
070 FARMINGTON



**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other <b>CHEMICAL TREATMENT</b>

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

**XTO Energy Inc. performed a chemical treatment as follows:**

**MIRU pump truck 7/21/06. Pumped 35 gal thermal melt down tbg for paraffin. Flushed w/30 gal P-163 (solvent). RDMO pump truck. Shut well in to equalize. RWTP 7/24/06.**

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed) **LOBRI D. BINGHAM**

Title **REGULATORY COMPLIANCE TECH**

Date **9/19/06**

*LoBri D. Bingham*

ACCEPTED FOR RECORD

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date **SEP 22 2006**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office **FARMINGTON FIELD OFFICE**

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD