Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB NO 1004-0137 Expires July 31, 2010

7<u>960041-91</u>0 /4-20-603-2199 6 If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an ALIG 13 2003

abandoned well. Use F	Form 3160-3 (APD) for	• •		MAVAJO LAND	
SUBMIT IN TRIPLIC	CATE - Other instruction	ns on page 2 Fami	ngton Field Off	If Unit or CA/Agreement, Name and/or No	
1 Type of Well Oil Well X Gas Well Other 2. Name of Operator	8. Well Name and No NW CHA CHA #26				
XTO ENERGY INC.					
3a Address		3b Phone No (include a	rea code)	9 API Well No.	
382 CR 3100 AZTEC, NM 87410		505-333-3100	•	30–045–29187 10. Field and Pool, or Exploratory Area	
4 Location of Well (Footage, Sec., T., R, M., or Surv	vey Description)			GALLUP	
2077' FSL & 317 FEL NESE SF	EC.22(I)-T29N-R14W	N.M.P.M.			
				11 County or Parish, State SAN JUAN NM	
12. CHECK APPROPRIA	ATE BOX(ES) TO INI	DICATE NATURE OF	NOTICE, REPO	ORT, OR OTHER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION			
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production Reclamati	n (Start/Resume) Water Shut-Off on Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomple		
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporar	ily Abandon	
	Convert to Injection	on Plug Back	Water Dis	posal	
determined that the final site is ready for final in XOT Energy Inc., has performed	spection.)			on, have been completed, and the operator has See attached report.	
				RCVD AUG 21 '09	
· · · · · · · · · · · · · · · · · · ·					
				OIL CONS. DIV.	
				DIST. 3	
14 I hereby certify that the foregoing is true and corr Name (Printed/Typed)	ect	`			
BARBARA J CONDER	Λ	Title REGUL	ATORY CLERK	4.	
Signature Salana & Cank	ler	Date 08/12/0	9	ASSELLED LOU PECOUN	
() т	HIS SPACE FOR FED	ERAL OR STATE OF	FICE USE	AUG 2 0 2000	
Approved by		Title		PAR PROTON FELL OFFICE	
Conditions of approval, if any, are attached Approval of this the applicant holds legal or equitable title to those rights in the		fy that Office		Sr-	

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INSPECTION

Address (EPA Regional Office)

Region 9

Environmental Inspection Agency 75 Hawthorne Street (WTR-9 San Francisco, CA 94105

Inspection Contractor = AVAI OLAVAN UNDERGROUND INJECTION CONTROL

PO Box 1999 Shiprock, New Mexico 87420-199 Firm To Be Inspected

Hour 11,25

Notice of inspection is hereby given according to Section 1445(b) of the Safe Drinking Water Act (42, U.S.C. §300 feet seg.)

Reason For Inspection

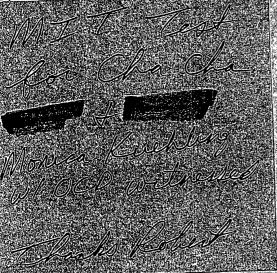
For the purpose of inspecting records, files, papers, processes, controls and facilities and obtaining samples to determine whether the person subject to an applicable underground injection control program has acted or is acting in compliance with the Safe Drinking Water Act and any applicable permit or rule.

MIT Inspection CXTO Engly NWCHachaunit BE

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Location



is guoted on the reverse of this form

Receipt of this Notice of Inspection is hereby acknowledged

Firm Representative

Date

Inspector

ANNULAR PRESSURE TEST (Mechanical Integrity Test)

Operator XTO Energy Inc.		Date of Test	Date of Test 5/19/01		
Well Name NW Cha Cha Unit					
Location NESE, Sec. 12, T.	29NELYW.	MMPM Tribal Lease	No. 14-20-603-2171		
State and County Sun Juan					
Continuous Recorder? YES	NO D	Pressure Gauge? YES	s ⊠ NO □		
Bradenhead Opened? YES		Fluid Flow? YES			
TIME	ANNULUS	PRESSURE, psi	TUBING PRESSURE, psi		
10:48	505	530			
	505	57 C			
10158	- Control Control	530	(,		
77,03	_ 595	530			
11:08	500	530			
11-13	500	630			
11:18	<u>. 600</u>	680	<u> </u>		
MAX. INJECTION PRESSURE: MAX. ALLOWABLE PRESSUR			(TEST PRESSURE X 0.05)		
REMARKS: Passed? Failed? I	f failed, cease in	jection until well pass	ses MIT (40CFR§144.21(c)(6)).		
MAI# 30-045-29187 HIM Processor, Francisto		· ·	.)		
& whom status, Shother	n (1 /)				
	1.4 1.00	Jan 1985 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1885 - 1			
COMPANY REPRESENTATIVE: (Print and Sign) D					
INSPECTOR: (Print and Sig	<u> </u>				
INSPECTOR: (Print and Sig	(n) '		DATE		

