Form 3160-5 (August 2007)

entitle the applicant to conduct operations thereon.

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No.

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SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for abandoned well. Use For	6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICA	7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator XTO ENERGY INC. 3a. Address 382 CR 3100 AZTEC, NM 87410 4. Location of Well (Footage, Sec., T., R., M., or Survey)	OCT 0 8 2010 3b. Phone No. (include area code) 505-333-3176	8. Well Name and No. LA PLATA #20 #1 9. API Well No. 30-045-31311 10. Field and Pool, or Exploratory Area BASIN FRUITLAND COAL	
	C.20(C)-T31N-R13W N.M.P.M.	11. County or Parish, State SAN JUAN NM	
12. CHECK APPROPRIATI	E BOX(ES) TO INDICATE NATURE OF NOTICE, REP		
TYPE OF SUBMISSION	TYPE OF ACTION	I	
If the proposal is to deepen directionally or recomp Attach the Bond under which the work will be perfollowing completion of the involved operations. I testing has been completed. Final Abandonment I determined that the final site is ready for final inspe-	Alter Casing Fracture Treat Reclamate Casing Repair New Construction Recomplement Change Plans Plug and Abandon Tempora Convert to Injection Plug Back Water Display state all pertinent details, including estimated starting date of any poperation or provide the Bond No. on file with BLM/BIA. Required If the operation results in a multiple completion or recompletion in a Notices shall be filed only after all requirements, including reclamate tion.) See well to production 22:30 pm 10/5/2010.	rily Abandon sposal roposed work and approximate duration thereof. ertical depths of all pertinent markers and zones. subsequent reports shall be filed within 30 days new interval, a Form 3160-4 shall be filed once ion, have been completed, and the operator has	
		OIL CONS. DIV.	
		DIST. 3	
14. I hereby certify that the foregoing is true and correct	· 1		
Name (Printed/Typed) TEENA M. WHITING	Title REGULATORY COMPL	IANCE TECHNICIAN	
Signature Llena M. Whit	Date 10/7/2010		
THIS	S SPACE FOR FEDERAL OR STATE OFFICE USE	NCCEPTED FOR RECORD	
Approved by	Title	OCT 2 2010	
Conditions of approval, if any, are attached. Approval of this not the applicant holds legal or equitable title to those rights in the sul		ARMINGTURE AU 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.

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