

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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.*

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

5. Lease Serial No.  
**NMSF079319**

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
Multiple--See Attached

9. API Well No.  
Multiple--See Attached

10. Field and Pool, or Exploratory  
PC / MV / DK

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

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

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator **XTO ENERGY INC.** Contact: **HOLLY PERKINS**  
E-Mail: **Holly\_Perkins@xtoenergy.com**

3a. Address  
**2700 FARMINGTON AVE, BLDG K, SUITE 1**  
**FARMINGTON, NM 87401**

3b. Phone No. (include area code)  
Ph: **505.324.1090** Ext: **4020**  
Fx: **505.564.6700**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Multiple--See Attached

**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 type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Surface Commingling
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat 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 recompleat 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 site is ready for final inspection.)

XTO Energy Inc. has completed the surface commingling of these wells per NMOCD commingling order PC-1048.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #11937 verified by the BLM Well Information System**  
**For XTO ENERGY INC., sent to the Farmington**  
**Committed to AFMSS for processing by Matthew Halbert on 06/20/2002 ( )**

Name (Printed/Typed) **DARRIN STEED**

Title **OPERATIONS ENGINEER**

Signature (Electronic Submission)

Date **06/10/2002**

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

**ACCEPTED FOR RECORD**

Approved By

Title

Date

**AUG 20 2002**

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**  
**BY**

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

**Additional data for EC transaction #11937 that would not fit on the form**

**Wells/Facilities, continued**

<b>Agreement</b>	<b>Lease</b>	<b>Well/Fac Name, Number</b>	<b>API Number</b>	<b>Location</b>
	NMSF079319	SCHWERDTFEGER A LS 5	30-045-06877	Sec 8 T27N R08W SWNE 1750FNL 1500FEL
	NMSF079319	SCHWERDTFEGER A LS 13	30-045-06705	Sec 8 T27N R08W NWE 1090FNL 1550FEL
	NMSF079319	SCHWERDTFEGER A LS 20	30-045-06669	Sec 8 T27N R08W SWNE 2080FNL 1900FEL