

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.*

DEC 12 2019

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

**RECEIVED**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC031740B
2. Name of Operator XTO ENERGY INCORPORATED		6. If Indian, Allottee or Tribe Name
Contact: CASSIE EVANS E-Mail: cassie_evans@xtoenergy.com		7. If Unit or CA/Agreement, Name and/or No. 73885U4940
3a. Address 6401 HOLIDAY HILL ROAD BLDG 5 MIDLAND, TX 79707	3b. Phone No. (include area code) Ph: 432-218-3671	8. Well Name and No. EMSU 208
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 4 T21S R36E Lot 9 4620FSL 660FEL		9. API Well No. 30-025-04470-00-S1
		10. Field and Pool or Exploratory Area EUNICE MONUMENT-GRAYBURG-SA
		11. County or Parish, State LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<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 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must 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 respectfully requests a 1-year extension to the referenced well. The well was TA'd 12/30/2016 due to rig availability. A copy of a good chart is attached ran on 11/22/19.

TA Status Approved thru 12/01/2020

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

Electronic Submission #493860 verified by the BLM Well Information System  
For XTO ENERGY INCORPORATED, sent to the Hobbs  
Committed to AFMSS for processing by PRISCILLA PEREZ on 12/03/2019 (20PP0469SE)

Name (Printed/Typed) CASSIE EVANS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 11/26/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>/s/ Jonathon Shepard</u>	Title <u>PE</u>	Date <u>DEC 06 2019</u>
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 <u>CFO</u>

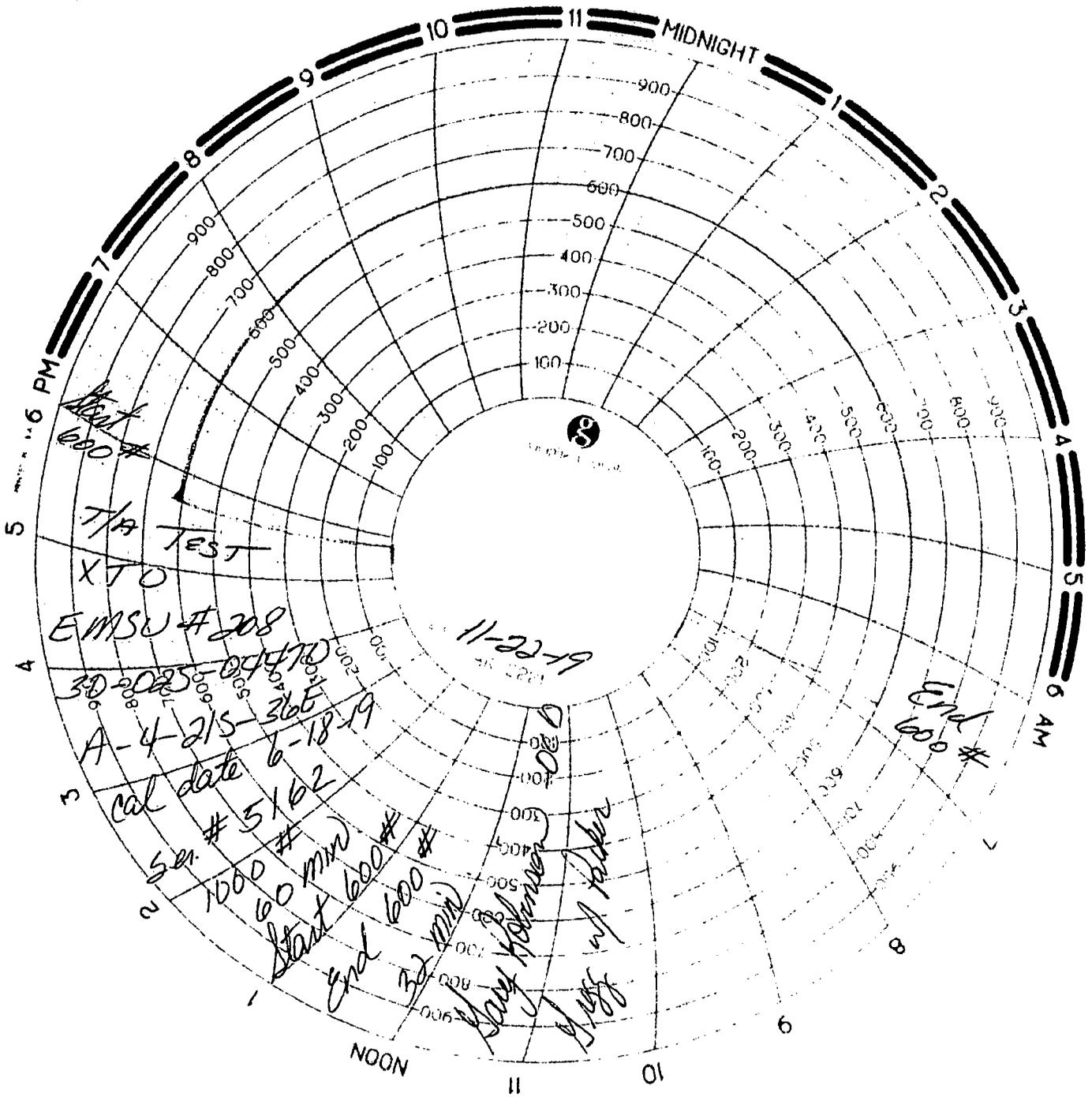
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED

**FOR RECORD ONLY**

XZ NM OGD 12-18-19



Start  
600 #

T/A TEST  
XTO

EMSU # 208

3D 2025-04470

A-4-215-365

cal date 6-18-19

ser. # 5162

1000 #

60 min

Start 600 #

end 600 #

30 min

Ray Robinson

off in folder

11-22-19

End  
600 #

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

Operator Name <b>XTO</b>		API Number <b>30-025-04470</b>
Property Name <b>EMSU</b>		Well No. <b>#208</b>

**1. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>A</b>	<b>4</b>	<b>21S</b>	<b>30E</b>	<b>4620</b>	<b>S</b>	<b>660</b>	<b>E</b>	<b>LEA</b>

**Well Status**

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> OIL	<input type="checkbox"/> GAS	DATE <b>11-22-19</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>		<b>0</b>	<b>NONE</b>
<b>Flow Characteristics</b>					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>CO2</b>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>WTR</b>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>GAS</b>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Type of Fluid
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Waterflood if
					applicable

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**T/A TEST**

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS <b>WHL</b>
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness:	<b>Kerry Robinson</b>	

INSTRUCTIONS ON BACK OF THIS FORM