

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. SHL: NME881550C BHL: NM26395		
b. Type of Completion: <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr., Other		6. If Indian, Allottee or Tribe Name		
2. Name of Operator XTO Energy Inc.		7. Unit or CA Agreement Name and No.		
3. Address 200 N. Lorraine, Suite 800, Midland, Texas 79701		8. Lease Name and Well No. Perla Negra Federal Com #1H		
3a. Phone No. (include area code)		9. API Well No. 30-025-41131		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 330 FSL & 400 FWL, Sec 24, T19S, R24E At top prod. interval reported below At total depth 329 FNL & 399 FWL		10. Field and Pool, or Exploratory Lea Bone Spring (37570)		
14. Date Spudded 08/01/2013		15. Date T.D. Reached 09/11/2013		
16. Date Completed 10/11/2013		17. Elevations (DF, RKB, RT, GL)* 3779'		
18. Total Depth: MD 15,220 TVD 10,823		19. Plug Back T.D.: MD 15,165 TVD 10,823		
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CBL, Dual Laterlog		
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)		23. Casing and Liner Record (Report all strings set in well)		
Hole Size		Size/Grade		
Wt. (#ft.)		Top (MD)		
Bottom (MD)		Stage Cementer Depth		
No. of Sks. & Type of Cement		Slurry Vol. (BBL)		
Cement Top*		Amount Pulled		
17-1/2		13 3/8		
54.5		0'		
1900		N/A		
1870sx		Surface		
270sx 1" job				
12-1/4		9-5/8		
40		0'		
3815		N/A		
1150sx		Surface		
8-3/4		5-1/2		
17		0'		
15,211		N/A		
2055sx TL		2050' (CBL)		
24. Tubing Record				
Size		Depth Set (MD)		Packer Depth (MD)
2-7/8		10,278		10,278
25. Producing Intervals		26. Perforation Record		
Formation		Top		Bottom
Perforated Interval		Size		No. Holes
Perf. Status				
A) Bone Spring		8116 TVD		11,010 TVD
11,134-15,117' MD		N/A-OH		N/A - OH
Producing				
B)				
C)				
D)				
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.				
Depth Interval		Amount and Type of Material		
11,134-15,117' MD		Frac 29 Stages. Ttl: 2,900,000# Atlas CRC-C 20/40 sand, 48,000bbls FW		
28. Production - Interval A				
Date First Produced		Test Date		Hours Tested
10/14/13		10/16/13		24
Test Production		Oil BBL		Gas MCF
769		559		853
Water BBL		Oil Gravity		Gas Gravity
853				
Production Method				
Flowing				
Choke Size		Tbg. Press. Flwg. SI		Csg. Press.
17/64		1800		
24 Hr.		Oil BBL		Gas MCF
769		559		853
Water BBL		Gas: Oil Ratio		Well Status
				Producing; Flowing
28a. Production-Interval B				
Date First Produced		Test Date		Hours Tested
Test Production		Oil BBL		Gas MCF
Water BBL		Oil Gravity		Gas Gravity
Production Method				
Reclamation				
Choke Size		Tbg. Press. Flwg. SI		Csg. Press.
24 Hr.		Oil BBL		Gas MCF
Water BBL		Gas: Oil Ratio		Well Status

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

30. Summary of Porous Zones (Include Aquifers):

### 31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth

33. Indicate which items have been attached by placing a check in the appropriate boxes:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Title Regulatory Analyst

**Signature**

Stephanie Rabadue

Date **10/14/2013**

(Form 3160-4, page 2)