|                                                                                                                                                                                                                                                             |                                                                                                                                              | OCD Hobia                                                          | 5                            |                                                                |                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------|----------------------------------------------------------------|---------------------------------------|--|
| Form 3160-5<br>(August 2007) UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT                                                                                                                                                       |                                                                                                                                              |                                                                    |                              | FORM APPROVED<br>OMB NO. 1004-0135<br>Expires: July 31, 2010   |                                       |  |
| SUNDRY                                                                                                                                                                                                                                                      | ON WELLS                                                                                                                                     | ELLS<br>enter an                                                   |                              | 5. Lease Serial No.<br>NMNM18848                               |                                       |  |
| abandoned we                                                                                                                                                                                                                                                | or to re-enter an<br>or such proposals.                                                                                                      |                                                                    |                              | 6. If Indian, Alloue or Tribe Name                             |                                       |  |
| SUBMIT IN TRI                                                                                                                                                                                                                                               | PLICATE - Other instruction                                                                                                                  | s on reverse side.                                                 | OCD                          | 7. If Unit or CA/Agre                                          | ement, Name and/or No.                |  |
| 1. Type of Well JUN 2 9 2015<br>⊠ Oil Well □ Gas Well □ Other                                                                                                                                                                                               |                                                                                                                                              |                                                                    |                              | 8. Well Name and No.<br>SDE 19 FEDERAL 6H                      |                                       |  |
| 2. Name of Operator Contact: STEPHANIE RABADUE<br>XTO ENERGY, INC - E-Mail: stephanie_rabadue@xtoenergy.cheCEIVED                                                                                                                                           |                                                                                                                                              |                                                                    |                              | 9. API Well No.<br>30-025-40993                                |                                       |  |
| 3a. Address3b. Phone No. (include area code)500 W. ILLINOIS ST STE 100Ph: 432-620-6714MIDLAND, TX 79701Ph: 432-620-6714                                                                                                                                     |                                                                                                                                              |                                                                    |                              | 10. Field and Pool, or Exploratory<br>SAND DUNES;BONE SPRING,S |                                       |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                      |                                                                                                                                              |                                                                    |                              | 11. County or Parish, and State                                |                                       |  |
| Sec 19 T23S R32E Mer NMP 350FML 400FWL                                                                                                                                                                                                                      |                                                                                                                                              |                                                                    |                              | LEA COUNTY, NM                                                 |                                       |  |
| 12. CHECK APPI                                                                                                                                                                                                                                              | ROPRIATE BOX(ES) TO INI                                                                                                                      | DICATE NATURE OF N                                                 | NOTICE, RE                   | PORT, OR OTHE                                                  | R DATA                                |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                          | TYPE OF ACTION                                                                                                                               |                                                                    |                              |                                                                |                                       |  |
| Notice of Intent                                                                                                                                                                                                                                            | 🗖 Acidize                                                                                                                                    | Deepen                                                             | Producti                     | on (Start/Resume)                                              | U Water Shut-Off                      |  |
| Subsequent Report                                                                                                                                                                                                                                           | Alter Casing                                                                                                                                 | Fracture Treat                                                     | 🗖 Reclama                    |                                                                | 🖸 Well Integrity                      |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                  | <ul> <li>Casing Repair</li> <li>Change Plans</li> </ul>                                                                                      | New Construction Rug and Abandon                                   | Recompl                      |                                                                | Change to Original A                  |  |
|                                                                                                                                                                                                                                                             | Convert to Injection                                                                                                                         | Plug and Abandon Plug Back                                         | U Tempora                    | urily Abandon<br>isposal                                       | PD                                    |  |
| COA's. This well is pending the<br>Section 18, T23S, R32E recein<br>The current SWD is at capacity<br>higher SWD capacity is achier                                                                                                                         | spectfully requests a 1-year ex<br>le approval and drilling of the S<br>ved by the BLM 8/11/2014.<br>ty and due to economics, this v<br>ved. | Sand 18 Federal #1SWD<br>well was unable to be dri                 | located in<br>lled until     | ed                                                             |                                       |  |
|                                                                                                                                                                                                                                                             |                                                                                                                                              |                                                                    | APPRO<br>Ending              | ved for 12<br>3 2-13-20                                        | MONTH PERIOD                          |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                  | Electronic Submission #2915                                                                                                                  | 97 verified by the BLM We                                          | II Information               | System                                                         | · ·                                   |  |
| Name(Printed/Typed) STEPHAN                                                                                                                                                                                                                                 | - 1 - ·                                                                                                                                      | by LINDA JIMENEZ on 03/17/2015 ()                                  |                              | ·                                                              |                                       |  |
| Signature (Electronic                                                                                                                                                                                                                                       | Date 02/13/2                                                                                                                                 | Date 02/13/2015                                                    |                              |                                                                |                                       |  |
|                                                                                                                                                                                                                                                             | THIS SPACE FOR F                                                                                                                             | EDERAL OR STATE                                                    | OFFICE US                    | SE                                                             | · · · · · · · · · · · · · · · · · · · |  |
| Approved By J.D. Whitlorkg                                                                                                                                                                                                                                  |                                                                                                                                              | Title                                                              | Title FIELD MANAGER          |                                                                | 6-23-15<br>Date                       |  |
| onditions of approval, if any, are attached. Approval of this notice does not warrant or<br>rtify that the applicant holds legal or equitable title to those rights in the subject lease<br>hich would entitle the applicant to conduct operations thereon. |                                                                                                                                              | ect leace                                                          | Office CARLSBAD FIELD OFFICE |                                                                | KZ                                    |  |
| Fitle 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent                                                                                                                                                                     | U.S.C. Section 1212, make it a crime statements or representations as to an                                                                  | e for any person knowingly and<br>y matter within its jurisdiction | l willfully to ma            | ke to any department o                                         | r agency of the United                |  |
| ** OPERA                                                                                                                                                                                                                                                    | TOR-SUBMITTED ** OPEF                                                                                                                        | RATOR-SUBMITTED                                                    |                              | OR-SUBMITTED                                                   |                                       |  |
|                                                                                                                                                                                                                                                             |                                                                                                                                              |                                                                    | ميا ا                        | UL 0 1 201                                                     | F m                                   |  |

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