

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM01119	
2. Name of Operator XTO ENERGY INC.		6. If Indian, Allottee or Tribe Name	
3a. Address 200 N. LORAIN, SUITE 800 MIDLAND, TX 79701		7. If Unit or CA/Agreement, Name and/or No.	
3b. Phone No. (include area code) Ph: 432-620-4318 Fx: 432-618-3530		8. Well Name and No. AVALON DELAWARE CTB SEE BELOW	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T20S R28E Mer NMP 660FNL 660FEL		9. API Well No.	
		10. Field and Pool, or Exploratory AVALON; DELAWARE	
		11. County or Parish, and State EDDY COUNTY COUNTY, NM	

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

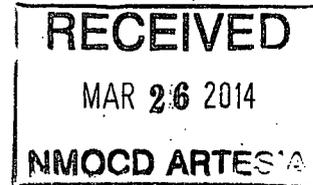
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> 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	Venting-and/or Flaring
	<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 shall 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 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.)

AVALON DELAWARE CENTRAL TANK BATTERY ASSOCIATED WELLS:

- AVALON DELAWARE UNIT #501 30-015-24331 ✓
- AVALON DELAWARE UNIT #503 30-015-28594 ✓
- AVALON DELAWARE UNIT #505 30-015-28677 ✓
- AVALON DELAWARE UNIT #507 30-015-28678 ✓
- AVALON DELAWARE UNIT #509 30-015-54332 ✓
- AVALON DELAWARE UNIT #511 30-015-24524 ✓
- AVALON DELAWARE UNIT #514 30-015-24194 ✓
- AVALON DELAWARE UNIT #515 30-015-26370 ✓
- AVALON DELAWARE UNIT #516 30-015-28665 ✓

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ENTER UNDER THIS WELL
APD 3/26/2014
Accepted for record
NMOC



SUBJECT TO LIKE APPROVAL BY STATE

SEE ATTACHED FOR CONDITIONS OF APPROVAL

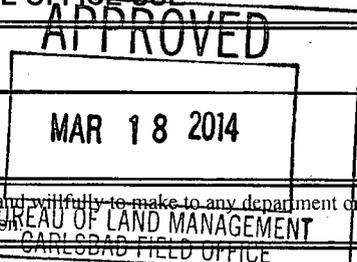
14. I hereby certify that the foregoing is true and correct.

Electronic Submission #224838 verified by the BLM Well Information System For XTO ENERGY INC, sent to the Carlsbad Committed to AFMSS for processing by JOHNNY DICKERSON on 11/26/2013 ()

Name (Printed/Typed) PATTY URIAS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 10/30/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <i>[Signature]</i>	Title	Date
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	



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.

Additional data for EC transaction #224838 that would not fit on the form

32. Additional remarks, continued

AVALON DELAWARE UNIT #517 30-015-24337 ✓
AVALON DELAWARE UNIT #520 30-015-28664 ✓
AVALON DELAWARE UNIT #522 30-015-02434 ✓
AVALON DELAWARE UNIT #523 30-015-28910 ✓
AVALON DELAWARE UNIT #530 30-015-24335 ✓
AVALON DELAWARE UNIT #533 30-015-28667 ✓
AVALON DELAWARE UNIT #536 30-015-24525 ✓
AVALON DELAWARE UNIT #537 30-015-28683 ✓
AVALON DELAWARE UNIT #539 30-015-28682 ✓
AVALON DELAWARE UNIT #540 30-015-24386 ✓
AVALON DELAWARE UNIT #542 30-015-28684 ✓
AVALON DELAWARE UNIT #543 30-015-24376 ✓
AVALON DELAWARE UNIT #546 30-015-24048 ✓
AVALON DELAWARE UNIT #548 30-015-24373 ✓
AVALON DELAWARE UNIT #562 30-015-24377 ✓
AVALON DELAWARE UNIT #570 30-015-28666 ✓
AVALON DELAWARE UNIT #571 30-015-28668 ✓

Due to problems at DCP plant we are flaring at our Avalon Delaware Unit CTB as of 9:00am New Mexico time on 10/29/13 approx. 244mcf.

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

3/18/2014 Approved subject to Conditions of Approval. JDB

Condition of Approval to Flare Gas

From date of receipt

1. Report all volumes on OGOR reports.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. **Flared volumes will still require payment of royalties**
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days for date of approval.
9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

JDB