

Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNM OIL CONSERVATION
ARTESIA DISTRICT

JUL 24 2017

RECEIVED

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG**Bold*** fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Carlsbad, NM	2. Well Type* OIL
3. Completion Type* New Well	
Operating Company Information	
4. Company Name* XTO ENERGY INC	
5. Address* 500 W. ILLINOIS SUITE 100 _____ MIDLAND TX 79701	6. Phone Number* 432-571-8220
Administrative Contact Information	
7. Contact Name* PATRICIA P DONALD	8. Title* REGULATORY ANALYST
9. Address* 500 W. ILLINOIS SUITE 100 _____ MIDLAND TX 79701	10. Phone Number* 432-571-8220 ____ 11. Mobile Number _____
12. E-mail* PATRICIA_DONALD@XTOENERGY.COM	13. Fax Number _____
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
14. Contact Name* _____	15. Title* _____
16. Address* _____ _____ _____	17. Phone Number* _____ 18. Mobile Number _____
19. E-mail* _____	20. Fax Number _____
Surface Location	

21. Specify location using one of the following methods:

- a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract
 b) State, County, Latitude, Longitude, Metes & Bounds description

State* NM	County or Parish* EDDY			
Section 25	Township 26S	Range 29E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 170 FNL	E/W Footage 380 FWL
Latitude —	Longitude —	Metes and Bounds		

Producing Interval Location

22. Specify location or

☐ Check here if the producing hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section 36	Township 26S	Range 29E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 236. FSL	E/W Footage 440. FWL
Latitude —	Longitude —	Metes and Bounds		

Bottom Location

23. Specify location or

☐ Check here if the bottom hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section 36	Township 26S	Range 39E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 236 FSL	E/W Footage 440 FWL
Latitude —	Longitude —	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number* NMNM35607	
26. If Unit or CA/Agreement, Name and/or Number —	27. Field and Pool, or Exploratory Area* WOLFCAMP

Well

28. Well Name* ROSS DRAW 25 2H	29. Well Number* 2H	30. API Number 30-015-43472
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31. Date Spudded 10/11/2016	32. Date T.D. Reached 11/06/2016	33. Date Completed 06/29/2017 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 2927 Ground Level
35. Total Depth: MD 16700 TVD 10374	36. Plug Back Total Depth: MD _____ TVD _____	37. Depth Bridge Plug Set: MD _____ TVD _____	
38. Type Electric & Other Mechanical Logs Run (Submit copy of each) GRMD		39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Copy)	

40. Casing and Liner Record (Report all strings set in well)										
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	H40	48	90	365	_____	380	_____	195	_____
12.25	8.75	J55	40	365	3106	_____	1060	_____	0	_____
8.75	7	CYP 110	29	3106	10446	_____	920	_____	1640	_____
6.125	4.5	HC110	13.5	10446	16700	_____	725	_____	3000	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

41. Tubing Record			42. Producing Intervals		
Size	Depth Set (MD)	Packer Depth (MD)	Formation	Top (MD)	Bottom (MD)
2.875	9710	_____	A) WOLFCAMP	11223	16510
_____	_____	_____	B) _____	_____	_____
_____	_____	_____	C) _____	_____	_____
_____	_____	_____	D) _____	_____	_____

43. Perforation Record				
Top	Bottom	Size	No. Holes	Perf. Status
11223	11662	_____	9	ACTIVE
11700	16510	_____	48	ACTIVE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

44. Acid, Fracture, Treatment, Cement Squeeze, etc.		
Top	Bottom	Amount and Type of Material
11223	11662	FRAC JOB 342 # OF SAND 8000 GALS OF WATER
11700	16510	4,000# OF SAND 714 GAL OF ACID, 104,958 GAL OF WATER
_____	_____	_____

45. Production Method and Well Status for Production Intervals									
Production Method Flows From Well					Well Status Producing Oil Well				
46. Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity	
06/29/2017	07/14/2017	24	>>>>>	701	2603	2553	36	—	
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
28/64	2110	—	28	>>>>>	701	2603	2553	—	
47. Production - Interval B									
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity	
—	—	—	>>>>>	—	—	—	—	—	
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
—	—	—	>>>>>	—	—	—	—		
48. Production - Interval C									
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity	
—	—	—	>>>>>	—	—	—	—	—	
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
—	—	—	>>>>>	—	—	—	—		
49. Production - Interval D									
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity	
—	—	—	>>>>>	—	—	—	—	—	
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
—	—	—	>>>>>	—	—	—	—		
50. Disposition of Gas (Sold, used for fuel, vented, etc.)									
Captured									
51. Summary of Porous Zones (Include Aquifers): Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.							52. Formation (Log) Markers		
Formation	Top	Bottom	Descriptions, Contents, etc.				Name	Top (MD)	

SALADO	516	1241	_____	SALADO	516
CASTILE	1242	3065	_____	CASTILE	1242
LAMAR	3066	3112	_____	LAMAR	3066
BELL CANYON	3113	3968	_____	BELL CANYON	3113
CHERRY CANYON	3969	5643	_____	CHERRY CANYON	3969
BRUSHY CANYON	5644	6809	_____	BRUSHY CANYON	5644
BSPG	6810	1008	_____	BSPG	6810
WOLFCAMP	1009	_____	_____	WOLFCAMP	1009

53. Additional remarks (include plugging procedure):

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

- ☐ Electrical/Mechanical Logs (1 full set req'd.)
 ☐ Geologic Report
 ☐ DST Report
 ☐ Directional Survey
 ☐ Core Analysis
 ☐ Other:

☐ Sundry Notice for plugging and cement verification

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

55. Name
PATRICIA _ DONALD

56. Title
REGULATORY ANALYST

57. Date* (MM/DD/YYYY)
07/19/2017

58. Signature*
You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

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.

Section 2 - System Receipt Confirmation

59. Transaction

60. Date Sent

61. Processing Office

Section 3 - Internal Review #1 Status

62. Review Category

63. Date
Completed

64. Reviewer Name

65. Comments

Section 4 - Internal Review #2 Status

66. Review Category

67. Date
Completed

68. Reviewer Name

69. Comments

Section 5 - Internal Review #3 Status

70. Review Category

71. Date
Completed

72. Reviewer Name

73. Comments

Section 6 - Internal Review #4 Status		
74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
77. Comments 		

Section 7 - Final Approval Status			
78. Disposition _____	79. Date Completed _____	80. Reviewer Name _____	81. Reviewer Title _____
82. Comments 			

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEMS 24, 22, and 23: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 34: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 40: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4) (5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.