

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED  
OMB NO 1004-0137  
Expires July 31, 2010

## SUNDRY NOTICES AND REPORTS ON WELLS

JUN 18 2012

Do not use this form for proposals to drill or to re-enter an existing well. Use Form 3160-3 (APD) for such proposals.

Williams Field Office  
Bureau of Land Management

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>NMSE-079035-A</b>
2. Name of Operator <b>XTO ENERGY INC.</b>		6. If Indian, Allottee or Tribe Name
3a. Address <b>382 CR 3100 AZTEC, NM 87410</b>	3b. Phone No. (include area code) <b>505-333-3100</b>	7. If Unit or CA/Agreement, Name and/or No
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1000' FSL &amp; 1880' FEL SWSE SEC. 8 (O) -T26N-R6W N.M.P.M.</b>		8. Well Name and No <b>BRECH A #175F</b>
		9. API Well No. <b>30-039-31071</b>
		10. Field and Pool, or Exploratory Area <b>BASIN MANCOS</b>
		11. County or Parish, State <b>RIO ARriba NM</b>

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 <b>1ST DELIVERY</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input 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 recompleate 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 recompleation 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 final site is ready for final inspection.)

XTO Energy Inc. has OWU & 1st delivered the Basin Mancos zone of this well to Williams Field Services

6/13/2012 @ 2:20 p.m. IFR 350 MCFPD.

RCVD JUN 27 '12  
OIL CONS. DIV.  
DIST. 3

14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) <b>Kristen D. Lynch</b>	Title <b>REGULATORY COMPLIANCE TECHNICIAN</b>
Signature <i>Kristen D. Lynch</i>	Date <b>6/14/2012</b>

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title <b>ACCEPTED FOR RECORD</b>
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 <b>JUN 18 2012</b>

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

NMCCD  
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