Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No.

NMNM03153
6. If Indian, Allottee or Tribe Name

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SUNDRY NOTICES	AND REPORTS	ON WELLS	OD LOM
not use this form for	proposals to dril	or to re-enter	an 🤲 🔉
adoped well lies For	m 2160-2 (APD) 6	or such propos	ale

	proposals to drill or to re-enter an	6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side		7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator		8. Well Name and No. OH RANDEL #17			
XTO Energy Inc.		9. API Well No.			
3a. Address	3b. Phone No. (include area code)	30-045- 32916			
2700 Farmington Ave., Bldg. K. Ste		10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		BASIN FRUITLAND COAL			
1805' FNL & 1840' FEL SEC 15-T26N-R11W		11. County or Parish, State			
		SAN JUAN NM			
12. CHECK APPROPRIATE	12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
TYPE OF SUBMISSION	TYPE OF ACTION				
X Notice of Intent		ion (Start/Resume) Water Shut-Off			
Subsequent Report	Alter Casing Fracture Treat Reclams Casing Repair New Construction Recom				
Final Abandonment Notice	X Change Plans Plug and Abandon Tempor	arily Abandon			
T Bills / Volume/it / Volice	Convert to Injection Plug Back Water I	Disposal			
TO: 12-1/4" hole, 8-5/8", 24#, Jequivalent) w/3% CaCl2, 1/4 pps (Change production casing FROM:	ole, 7", 20# csg set @ 160' -55, ST&C csg set @ 225'. Cement casing w/1 Celloflake (14.5 ppg & 1.41 cuft/sx), 6.67 g	gal wtr/sx). Circ to surf.			
TD of 2100'. Cmt: (lead) +/- 225 sx type III w/8% gel, 1/4 pps Celloflake & 2% Phenoseal (11.9 ppg, 2.54 cuft/sx, 18.51 gal wtr/sx) and (tail) +/- 100 sx type III w/1% CaCl2, 1/4 pps Celloflake & 2%					
Phenoseal (14.5 ppg, 1.41 cuft/sx, 6.72 gals wtr/sx). 7 1/8 Wolf					
If cmt does not circulate, make a	arrangments to run temp survey to verify cmt	FEB 9 REC			
14. I hereby certify that the foregoing is true and correct Name (Printed Typed) / HOLLY C./ PERKINS	Title REGULATORY COMP	LIANCE TECH O			
Holly C. Lenten	Date 2/7/2006	<u>-</u> ω			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Conditions of approval, if any, are attained. Approval certify that the applicant holds legal of equitable title twhich would entitle the applicant to conduct operations to	those rights in the subject lease	Date			
Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section States any false, fictitious or fraudulent statements or regions.	on 1212, makes it a crime for any person knowingly and willfully to presentations as to any matter within its jurisdiction.				