

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO 1004-0137
Expires March 31, 2007

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 type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5 Lease Serial No SF 0780197
2 Name of Operator XTO ENERGY INC.		6 If Indian, Allottee or Tribe Name
3a Address 2700 Farmington Ave., Bldg. K. Ste 1 Farmington,	3b Phone No (include area code) 505-324-1090	7 If Unit or CA Agreement, Name and/or No RECEIVED JUN -5 4:40
4 Location of Well (Footage, Sec., T., R., M., or Survey Description) 2510 FNL & 555' FEL Sec. 35H-T28N-R11W		8 Well Name and No EH Pipkin #31
		9 API Well No. 30-045-29774
		10 Field and Pool, or Exploratory Area Fruitland Coal
		11. County or Parish, State San Juan NM

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

TYPE OF SUBMISSION

TYPE OF ACTION

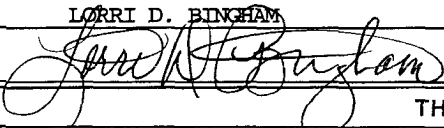
- ☒ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other PUT WELL ON VACUUM |
| <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 recompleat 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 recompleat 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. proposes to put the above mentioned well on vacuum along with several other wells that are delivered to the Pipkin CDP. Williams Field Services is the transporter for this well and has agreed to this proposal. Measures have been taken to ensure that requirements are being met.

RCVD JUN 27 07
OIL CONS. DIV.
DIST. 3

14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) LORRI D. BINGHAM		Title REGULATORY COMPLIANCE TECH
		Date 6/1/07
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved by	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, makes 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.		

ACCEPTED FOR RECORD

JUN 26 2007

FARMINGTON FIELD OFFICE

NMOCD