Form 3160-5

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UNITED STATES

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FORM APPROVED

	EPARTMENT OF THE		Bureau or as	2000	OM B No 1004-0137 Expires: March 31, 2007
	UREAU OF LAND MAN. NOTICES AND REF		Bureau ot صفایی . Farmington Fi <b>VELLS</b>	5. Lease Sena Flo CNMSF-0	Ño 1 <b>78019</b>
Do not use this	s form for proposals to ll. Use Form 3160-3 (A	o drill or to	re-enter an		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 O Gas Well OD Other				8 Well Name and No.	
2. Name of Operator XTO ENERGY INC.				E.H. PIPKIN #9F  9 API Well No.	
3a     Address       382     CR 3100, AZTEC, NM 87410       3b     50			clude area code)	30-045-34274  10. Field and Pool, or Exploratory Area BASIN DAKOTA / BASIN MANCOS  11. County or Parish, State SAN JUAN, NM	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					
995' FSL & 2010' FWL SESW Sec.35(N)-T28N-R11W N.M.P.M.					
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER I					OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION					
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construct	Production (Single Reclamation Recomplete	art/Resume)	Water Shut-Off Well Integrity Other REMEDIAL CMT
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Aband Plug Back	Ion Temporarily A  Water Disposal		
Attach the Bond under which the following completion of the invotesting has been completed. Final determined that the site is ready if XTO Energy Inc. intends to MIRU PU. TIH and set CIE EIR with the rig pump. MII 50/50 Poz cmt (404 sx at 1.4 50% excess. Flush w/10.4 bl WOC for 24 hrs. TIH w/4-3	tionally or recomplete horizontally work will be performed or provided operations. If the operation all Abandonment Notices must be for final inspection.)  The complete the following works:  The provided Health of the complete the following works:  The provided Health of the complete the following works:  The provided Health of the complete the following works:  The provided Health of the complete the following works:  The provided Health of the complete the following works:  The provided Health of the complete the following works:  The provided Health of the complete th	y, give subsurface lo de the Bond No. on results in a multiple filed only after all re k following the sti- ith 2% KCl. Perf emt truck. Once a Class G cmt (165 s R and displace 1 2,940'. DO the cm	cations and measured and tr file with BLM/BIA. Requre completion or recompletion quirements, including reclar mulation of the well. 2 sqz holes at 2,990'. The in injection rate has been at 1.18 ft3/sk) with Has bbl cmt on top of CICR at to 3,040'. Pressure test	nuc vertical depthred subsequent re in a new interval mation, have been the w/2-7/8" tbg in established stallad (R) - 322. TOH w/setting the wellbore in the wellbore in the wellbore in the subsequence of the wellbore in th	s of all pertinent markers and zones eports must be filed within 30 days I, a Form 3160-4 must be filed once in completed, and the operator has and CICR. Set CICR at 2,940°. age into cement. Pmp 585 ft3 Cmt volume calculations are at
14. I hereby certify that the foreg Name (Printed/Typed)	oing is true and correct				
DOLENA JOHNS	SON	Tit	e REGULATORY CL	ERK	
Signature Dalinal	Jamos	Da	te	08/26/2008	
	THIS SPACE FOR I	FEDERAL O	R STATE OFFICE	USE	
Approved by Troy L S Conditions of approval, if any, are at certify that the applicant holds legal of which would entitle the applicant to of the 18 U.S.C. Section 1001 and Title	or equitable title to those rights in conduct operations thereon.	n the subject lease	Office FFO		value 9-3-2008
States any false, fictitious or fraudule	nt statements or representations	as to any matter with	on knowingly and willfully nin its jurisdiction	no make to any	department or agency of the United

(Instructions on page 2)

