Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

AMENDED

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

5. Lease Serial No.

NMNM019414

6. If Indian, Allottee or Tribe Name

abandoned well. Use Fort	m 3160-3 (APD) for s	uch proposals C	EIVED		
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit or CA/Agreement, Name and/or No NMNM-99310	
1. Type of Well		AUG	10 //11111	14141 33310	
				8. Well Name and No.	
2. Name of Operator Bureau of Land Managem				STANOLIND GAS COM	
XTO ENERGY INC.		54,000		B #5H 9. API Well No.	
3a. Address	o. Phone No. (include area code)		30-045-32879 10. Field and Pool, or Exploratory Area		
382 CR 3100 AZTEC, NM 87410		505-333-3176			
4. Location of Well (Footage, Sec., T., R., M., or Survey I	Description)			BASIN FRUIT	LAND COAL
		1.M.P.M.		11 6 (
BHL: 1444' FSL & 2089' FEL SEC.	9 (J) -T32N-T12W	-T32N-T12W		11. County or Parish, State	
12 CUECK ADDOODD OF	P DAVIDO TA DIDI	CAMP MARKET OF A		SAN JUAN	NM NM
12. CHECK APPROPRIATE	Γ BOX(ES) TO INDIC		···	KI, OK OTHER	DATA .
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	Acidize	Deepen	Production	(Start/Resume)	Water Shut-Off
	Alter Casing	Fracture Treat	Reclamatio	n [Well Integrity
X Subsequent Report		New Construction	Recomplete		X Other SPUD, TD, PT
	Casing Repair				SPUD, ID, PI
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporaril		CSG
	Convert to Injection	Plug Back	Water Disp	posal	
225' KB. Cmtd surf csg w/150 sx PT surf csg to 2000 psi for 30 mi RIH w/5-1/2", 15.5#, J-55, ST&C c & 2% phenoseal f/b 150 sx Type II surf. 3/15/2007 Pressure tested c min. Tstd OK.✓	n. Tstd OK∮Dril esg to 2317' KB. II cmt w/1% CaCl2,	led 7-7/8" hole t Cmtd w/225 sx Ty; 1/4 pps cellofia	to TD of 23 pe III cmt w ake & 2% phe t. Incr'd p	<u>25'</u> @ 8:00 a 7/1/4 pps cel moseal. Circ	.m., 5/28/06. loflake, 8% Gel : <u>44 b</u> bls cmt to 850 psig for 5
			i i	•••	≠ FEB 10'11 CONS. DIV.
					IST 3
14. Thereby certify that the foregoing is true and correct Name (Primed/Typed)					
TEENA M. WHITING		Title REGULATORY COMPLIANCE TECHNICIAN			
Signature Jelna M. Whiti	ng	Date 8/4/2010)		
THIS	SPACE FOR FEDER	RAL OR STATE OF	ICE USE		
Approved by		Title		Date	
Conditions of approval, if any, are attached. Approval of this notion the applicant holds legal or equitable title to those rights in the subsentitle the applicant to conduct operations thereon.	ce does not warrant or certify t oject lease which would	hat Office		1	
Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, a			ake to any departmen	nt or agency of the Ui	nited States any false,