

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
OCD Artesia

JAN 23 2013

FORM 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.

NMOC D ARTESIA

5. Lease Serial No.
NM-0556863 nmnm 0554223

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

XTO Energy Inc.

3a. Address

200 N. Loraine, Ste. 800 Midland, TX 79701

3b. Phone No. (include area code)

432-620-6714

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SHL: UNIT I, SEC.14, T23S, R29E - 1700' FSL & 350' FEL

BHL: UNIT L, SEC.14, T23S, R30E - 1980' FSL & 340' FWL

7. If Unit, or CA/Agreement, Name and/or No.

8. Well Name and No.

NASH UNIT

57H

9. API Well No.

30-015-39303

10. Field and Pool, or Exploratory Area

NASH DRAW; BRUSHY CANYON

11. County or Parish, State

EDDY

NM

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

TYPE OF SUBMISSION

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

TYPE OF ACTION

- | | | | |
|-----------------------------------------------|------------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| <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 checked="" type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input type="checkbox"/> Other <u>drilling</u> |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | <u>operations</u> |
| <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 recomple 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 recomple 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.)

08/28/2012: Tstd frac valve @ 3000psi.

08/30/2012: MIRU Halliburton Frac equip. Frac Delaware Lateral fr 7,402'-11,043' in 17 stages pumping down balls & shifting sleeves between stages. Pmpd 10,000# CRC-20/40, 24,000# 2#, 42,000# 3# & 24,000# 4# sand in each stage using treated produced water. RD frac equip.

09/28/2012: MIRU PU.

10/01/2012-10/03/2012: DO stages #17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, & 4. DO stage #3.

Attempted CO to 10,597. POOH w/tbg & 13' piece of 2 3/8" tbg. Left 18' piece & mill @ 10,581'.

10/04/2012-10/10/2012: RIH w/spear & grapple. Tag fish @ 10,581'. Unable to latch onto fish. Tag @ 10,584. Work tap into fish, did not ret fish. Tag @ 10,481'. DO fr 10,481 to 10,485. Tag & attempt to spear fish @ 10,585. Unable to latch onto fish.

10/11/2012: RIH w/188jts 2-7/8" tbg & 4 Schlumberger 117 stg DN-1750 CR-CT pumps. Put well on prod.

Accepted for record
NMOC

AR Dade 1/24/13

ACCEPTED FOR RECORD

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

STEPHANIE RABADUE

Title

REGULATORY ANALYST

Date

11/28/2012

JAN 18 2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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