

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Submit one copy to appropriate District Office

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address XTO ENERGY INC 500 W. ILLINOIS SUITE 100 MIDLAND, TEXAS 79701		2 OGRID Number 05380
		3 Reason for Filing Code/Effective Date NW
4 API Number 30-0 15-43428	5 Pool Name WILLOW LAKE, BONE SPRING SE	6 Pool Code 96217
7 Property Code 314121	8 Property Name CORRAL CANYON FEDERAL COM	9 Well Number 1H

II. Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	6	25-S	29-E		190	SOUTH	470	EAST	EDDY

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
L	32	24-S	29-E		2348	SOUTH	976	WEST	EDDY

12 Lse Code 239.44	13 Producing Method Code	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
------------------------------	--------------------------	------------------------	------------------------	-------------------------	--------------------------

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 O/G/W
282612	MUREX PETROLEUM CORPORATION 365 NORTH SAM HOUSTON PKWY SUITE 200 HOUSTON, TEXAS 77060	O
036785	DCP MIDSTREAM, L.P 5718 WESTHEIMER, STE 2000 HOUSTON, TEXAS 77057	G

IV. Well Completion Data

21 Spud Date 08/24/2016	22 Ready Date 12/15/2016	23 TD 16185 / 8460	24 PBTD 16785	25 Perforations 9100-15940	26 DHC, MC
-----------------------------------	------------------------------------	------------------------------	-------------------------	--------------------------------------	------------

27 Hole Size	28 Casing & Tubing Size	29 Depth Set	30 Sacks Cement
17 1/2	13 3/8	270	315
12 1/4	9 5/8	2780	995
8 3/4	5 1/2	16185	3519

V. Well Test Data

31 Date New Oil 01/08/2017	32 Gas Delivery Date 0/08/2017	33 Test Date 01/26/2017	34 Test Length 24hrs	35 Tbg. Pressure 1600	36 Csg. Pressure 0
37 Choke Size 25.0/64	38 Oil 1019	39 Water 1201	40 Gas 1975	41 Test Method	

42 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Patricia Donald*
Printed name:
PATRICIA DONALD
Title:
REGULATORY ANALYST
E-mail Address
PATRICIA_DONALD@XTOENERGY.COM
Date: **2/27/17** Phone: **432-571-8220**

OIL CONSERVATION DIVISION

Approved by: *Raymond J. Rodning*
Title: **Geologist**
Approval Date: **4-27-17**

Pending BLM approvals will subsequently be reviewed and scanned

R.P.

SR 17348 85

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 abandoned well.
Use Form 3160-3 (APD) for such proposals.**

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Carlsbad, NM	2. Well Type* OIL
3. Submission Type* <input type="radio"/> Notice of Intent <input checked="" type="radio"/> Subsequent Report	4. Action* Production Start-up
Operating Company Information	
5. Company Name* XTO ENERGY INC	
6. Address* 500 W. ILLINOIS SUITE 100 MIDLAND TX 79707	7. Phone Number* 432-571-8220
Administrative Contact Information	
8. Contact Name* PATRICIA _ DONALD	9. Title* REGULATORY ANALYST
10. Address* 500 WEST ILLINOIS SUITE 100 MIDLAND TX 79701	11. Phone Number* 432-571-8220 12. Mobile Number _____
13. E-mail* Patricia_Donald@xtoenergy.com	14. Fax Number _____
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
15. Contact Name* _____	16. Title* _____
17. Address* _____ _____ _____	18. Phone Number* _____ 19. Mobile Number _____

Pending BLM approvals will
subsequently be reviewed
and scanned

RUP. 11

20. E-mail* PATRICIA_DONALD@XTOENERGY.COM	21. Fax Number _____
Lease and Agreement	
22. Lease Serial Number* NMNM15302	_____
24. If Unit or CA/Agreement, Name and/or Number _____	25. Field and Pool, or Exploratory Area* WILLOW LAKE,BONE SPRINGSE
County and State for Well	
26. County or Parish, State* EDDY NM	
Associated Well Information	
27. Specify well using one of the following methods: a) Well Name, Well Number, API Number, Section, Township, Range, Qtr/Qtr, N/S Footage, E/W Footage b) Well Name, Well Number, API Number, Latitude, Longitude, Metes & Bounds description	
Well Name* CORRAL CANYON FEDERAL COM	Well Number* 1H
API Number 30-015-34328	
Section 6	Township 25S
Range 29E	Meridian _____
Qtr/Qtr _____	N/S Footage 190 FSL
E/W Footage 470 FEL	
Latitude _____	Longitude _____
Metes and Bounds _____	
28. 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 recompleate horizontally, give subsurface locations and measured and true vertical depths of all markers and zones. Attach the Bond under which the work will be performed or provide the Bond Number on file pertinent 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 recompleation 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 site is ready for final inspection. 10/04-10/05/2016: MIRU. PRESSURE TEST CASIGN TO 8000PSI 11/08-12/14/2016: STARTED STIMULATION OPERATION. TOTAL 35 STAGES-337,134 GALS OF WATER,302,197# OF SAND,546 GALS OF ACID PER STAGE. 12/14-12/15/2016 LAND TUBING WELL READY FOR PROD FLOWBACK.	

I hereby certify that the foregoing is true and correct.

29. Name*

PATRICIA _ DONALD

30. Title

REGULATORY ANALYST

31. Date* (MM/DD/YYYY)

02/28/2017

32. Signature*

You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

Section 2 - System Receipt Confirmation

33. Transaction

34. Date Sent

35. Processing Office

Section 3 - Internal Review #1 Status

36. Review Category

37. Date
Completed

38. Reviewer Name

39. Comments

Section 4 - Internal Review #2 Status

40. Review Category

41. Date
Completed

42. Reviewer Name

43. Comments

Section 5 - Internal Review #3 Status		
44. Review Category _____	45. Date Completed _____	46. Reviewer Name _____
47. Comments 		

Section 6 - Internal Review #4 Status		
48. Review Category _____	49. Date Completed _____	50. Reviewer Name _____
51. Comments 		

Section 7 - Final Approval Status			
52. Disposition _____	53. Date Completed _____	54. Reviewer Name _____	55. Reviewer Title _____
56. Comments 			

GENERAL INSTRUCTIONS

This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard local area, or regional procedures and practices, either are shown below will be issued by, or may be obtained from the local Federal office.

SPECIFIC INSTRUCTIONS

Item 27 - Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult the local Federal office for specific instructions.

Item 28 - Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by the local Federal office. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well and date well site conditioned for final inspection looking to approval of the abandonment.

NOTICE

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is used to: (1) Evaluate, when appropriate, approve applications, and report completion of subsequent well operations, on a Federal or Indian lease; and (2) document for administrative use, information for the management, disposal and use of National Resource lands and resources, such as: (a) evaluating the equipment and procedures to be used during a proposed subsequent well operation and reviewing the completed well operations for compliance with the approved plan; (b) requesting and granting approval to perform those actions covered by 43 CFR 3162.3-2, 3162.3-3, and 3162.3-4; (c) reporting the beginning or resumption of production, as required by 43 CFR 3162.4-1(c) and (d) analyzing future applications to drill or modify operations in light of data obtained and methods used.

ROUTINE USES: Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions in connection with congressional inquiries or to consumer reporting agencies to facilitate collection of debts owed the Government.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this notice and report and disclosure of the information is mandatory for those subsequent well operations specified in 43 CFR 3162.3-2, 3162.3-3, 3162.3-4.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

Response to this request is mandatory.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0135), Bureau Information Collection Clearance Officer, (WO-630), Mail Stop 401 LS, 1849 C St., N.W., LS, Washington D.C. 20240

Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION
ARTESIA DISTRICT

MAR 03 2017

RECEIVED

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Carlsbad, NM	2. Well Type* OIL
3. Completion Type* New Well	
Operating Company Information	
4. Company Name* XTO ENERGY INC	
5. Address* 500 W. ILLINOIS SUITE 100 MIDLAND TX 79701	6. Phone Number* 432-571-8220
Administrative Contact Information	
7. Contact Name* PATRICIA _ DONALD	8. Title* REGULATORY ANALYST
9. Address* 500 WEST ILLINOIS SUITE 100 MIDLAND TX 79701	10. Phone Number* 432-571-8220
	11. Mobile Number
12. E-mail* Patricia_Donald@xtoenergy.com	13. Fax Number
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
14. Contact Name* 	15. Title*
16. Address* 	17. Phone Number*
	18. Mobile Number
19. E-mail* 	20. Fax Number
Surface Location	

Pending BLM approvals will
subsequently be reviewed
and scanned

Ruf.

11

21. Specify location using one of the following methods:

- a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract
 b) State, County, Latitude, Longitude, Metes & Bounds description

State* NM	County or Parish* EDDY			
Section 6	Township 25S	Range 29E	Meridian	
Qtr/Qtr —	Lot # P	Tract # —	N/S Footage 190 FSL	E/W Footage 470 FEL
Latitude —	Longitude —	Metes and Bounds		

Producing Interval Location

22. Specify location or

☐ Check here if the producing hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section 32	Township 24S	Range 29E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 2348 FSL	E/W Footage 946 FWL
Latitude —	Longitude —	Metes and Bounds		

Bottom Location

23. Specify location or

☐ Check here if the bottom hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section 32	Township 24S	Range 29E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 2348 FSL	E/W Footage 946 FWL
Latitude —	Longitude —	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number* NMNM15302	
26. If Unit or CA/Agreement, Name and/or Number —	27. Field and Pool, or Exploratory Area* WILLOW LAKE,BONE SPRINGSE

Well

29. Well Number* 1H	30. API Number 30-015-34328
-------------------------------	---------------------------------------

28. Well Name* CORRAL CANYON FEDERAL COM #1H											
31. Date Spudded 08/24/2016			32. Date T.D. Reached 09/12/2016			33. Date Completed 12/15/2016 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce			34. Elevations (DF, RKB, RT, GL) 2912 Ground Level		
35. Total Depth: MD 16185 TVD 8477				36. Plug Back Total Depth: MD _____ TVD _____				37. Depth Bridge Plug Set: MD _____ TVD _____			
38. Type Electric & Other Mechanical Logs Run (Submit copy of each) CBL							39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input type="radio"/> No <input checked="" type="radio"/> Yes (Submit Copy)				
40. Casing and Liner Record (Report all strings set in well)											
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled	
17.5	13.375	J55	54.5	90	270	270	315	—	0	0	
12.25	9.625	J55	36	270	2781	2781	995	—	0	0	
8.75	5.5	CYP-110	17	2781	16185	16185	2630	—	0	0	
41. Tubing Record						42. Producing Intervals					
Size	Depth Set (MD)	Packer Depth (MD)	Formation				Top (MD)	Bottom (MD)			
2.875	7300	—	A) _____				9100	15940			
			B) _____								
			C) _____								
			D) _____								
43. Perforation Record											
Top	Bottom	Size	No. Holes	Perf. Status							
9100	15940	5	9	35 STAGES ACTIVE							

44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
9100	15940	35 STAGES; SEE FRAC FOCUS
_____	_____	_____
_____	_____	_____
_____	_____	_____

45. Production Method and Well Status for Production Intervals

Production Method Flows From Well	Well Status Producing Oil Well
--------------------------------------	-----------------------------------

46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
12/15/2016	01/26/2017	24	>>>>>	1019	1975	1201	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
25/64	1600	_____	>>>>>	1019	1975	1201	_____	_____

47. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

48. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

49. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

50. Disposition of Gas (Sold, used for fuel, vented, etc.)

Sold

51. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

52. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
RUSTLER	261	_____	_____	_____	_____
SALT	621	2559	_____	_____	_____
DELAWARE	2781	_____	_____	_____	_____
BONESPRING	6482	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

53. Additional remarks (include plugging procedure):**54. Indicate which items have been attached by placing a check in the appropriate boxes:**

☒ Electrical/Mechanical Logs (1 full set req'd.)

<input type="checkbox"/> Sundry Notice for plugging and cement verification	<input type="checkbox"/> Geologic Report <input type="checkbox"/> Core Analysis	<input type="checkbox"/> DST Report <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Directional Survey
I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*			
55. Name PATRICIA _ DONALD	56. Title REGULATORY ANALYST		
57. Date* (MM/DD/YYYY) 02/28/2016 <input type="button" value="Today"/>	58. Signature* <i>You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.</i>		
Title 18 U.S.C Section 1001 and Title 43 U.S.C. Section 1212, make 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.			

Section 2 - System Receipt Confirmation		
59. Transaction _____	60. Date Sent _____	61. Processing Office _____

Section 3 - Internal Review #1 Status		
62. Review Category _____	63. Date Completed _____	64. Reviewer Name _____
65. Comments _____		

Section 4 - Internal Review #2 Status		
66. Review Category _____	67. Date Completed _____	68. Reviewer Name _____
69. Comments _____		

Section 5 - Internal Review #3 Status		
70. Review Category _____	71. Date Completed _____	72. Reviewer Name _____
73. Comments _____		

Section 6 - Internal Review #4 Status		
74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
77. Comments 		

Section 7 - Final Approval Status			
78. Disposition _____	79. Date Completed _____	80. Reviewer Name _____	81. Reviewer Title _____
82. Comments 			

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEMS 24, 22, and 23: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 34: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 40: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4) (5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.

This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.