

NM OIL CONSERVATION ARTESIA DISTRICT

JUL 13 2017

Form C-104

Revised August 1, 2011

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

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

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address XTO Energy Inc. 500 W. ILLINOIS SUITE 100 Midland, TX 79701		2 OGRID Number 005380
4 API Number 30-0 15-43579		5 Pool Name WC-0151G-03S262925D;BS
6 Property Code 31H	7 Reason for Filing Code/Effective Date NW	8 Pool Code 98211
9 Property Name ROSS DRAW 25	10 Well Number 31H	

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
D	25	26S	29E		170	NORTH	410	East West	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
1	36	26S	29E		202.3	SOUTH	466.3	WEST	Eddy

12 Lse Code F	13 Producing Method Code P	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
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III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 O/G/W
157984	OEMI	O
371183	ENERGY TRANSFER	G

IV. Well Completion Data

21 Spud Date 11/13/2016	22 Ready Date	23 TID 15296 / 8794	24 PBTD	25 Perforations 9100-15147	26 DHC, MC
27 Hole Size	28 Casing & Tubing Size	29 Depth Set	30 Sacks Cement		
17 1/2	13 3/8	342	395		
12 1/4	9 5/8	3113	1075		
8 1/2	5 1/2	15288	2435		

V. Well Test Data

31 Date New Oil 06/02/2017	32 Gas Delivery Date 06/02/2017	33 Test Date 07/04/2017	34 Test Length 24 Hrs	35 Tbg. Pressure 1124	36 Csg. Pressure 26
37 Choke Size 20/64	38 Oil 210	39 Water 1097	40 Gas 552	41 Test Method	

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: **06/28/2017** Phone: **432-620-6714**

OIL CONSERVATION DIVISION
Approved by: *Raymond St. Rodary*
Title: **Geologist**
Approval Date: **7-13-2017**

Pending BLM approvals will subsequently be reviewed and scanned

7-20-17

Form 3160-4
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNM OIL CONSERVATION
ARTESIA DISTRICT

JUL 07 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 79707	6. Phone Number* 432-571-8220
Administrative Contact Information	
7. Contact Name* PATRICIA _ DONALD	8. Title* REGULATORY ANALYST
9. Address* 500 W. 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
BC 7-20-17

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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 COUNTY			
Section 25	Township 26S	Range 29E	Meridian	
Qtr/Qtr —	Lot # D	Tract # —	N/S Footage 170 FNL	E/W Footage 410 FWL
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 36	Township 26S	Range 29E	Meridian	
Qtr/Qtr —	Lot # 1	Tract # —	N/S Footage 202 FSL	E/W Footage 466 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 36	Township 26S	Range 29E	Meridian	
Qtr/Qtr —	Lot # 1	Tract # —	N/S Footage 202 FSL	E/W Footage 466 FWL
Latitude —	Longitude —	Metes and Bounds		

Lease and Agreement

24. Lease Serial Number* NMNM35607	
26. If Unit or CA/Agreement, Name and/or Number —	27. Field and Pool, or Exploratory Area* WC-0151 G-03 S262925D;BS

Well

28. Well Name* ROSS DRAW 25	29. Well Number* 31H	30. API Number 30-015-43579
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31. Date Spudded 11/13/2016	32. Date T.D. Reached 12/02/2016	33. Date Completed 06/02/2017 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 2927 Ground Level							
35. Total Depth: MD 15296 TVD 8794	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) GR		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	J-55	54.5	0	335	—	395	—	0	—
12.25	9.625	L80/J55	40	342	3113	—	1075	—	0	—
8.5	5.5	CYP-110	17	3113	15288	—	2435	—	0	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
41. Tubing Record				42. Producing Intervals						
Size	Depth Set (MD)	Packer Depth (MD)	Formation				Top (MD)	Bottom (MD)		
2.875	8181	8174	A) _____				—	—		
—	—	—	B) _____				—	—		
—	—	—	C) _____				—	—		
—	—	—	D) _____				—	—		
43. Perforation Record										
Top	Bottom	Size	No. Holes	Perf. Status						
9100	15147	—	34	ACTIVE/ PRODUCING						
—	—	—	—	—						
—	—	—	—	—						
—	—	—	—	—						
44. Acid, Fracture, Treatment, Cement Squeeze, etc.										
Top	Bottom	Amount and Type of Material								
9100	15147	231K GALLONS OF WATER, 9 MILLION POUNDS OF SAND, 8990 GALLONS OF ACID								
—	—	—								

45. Production Method and Well Status for Production Intervals									
Production Method Electric Pumping Unit						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	
06/02/2017	07/04/2017	24	>>>>>	210	552	1097	35		
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio		
20	1124		>>>>>	210	552	1097	35		
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.)									
Captured									
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)
SALADO	516	1242	_____	SALADO	516
CASTILE	1242	365	_____	CASTILE	1242
LAMAR	3066	3112	_____	LAMAR	3066
BELL CANYON	3113	3969	_____	BELL CANYON	3113
CHERRY CANYON	3969	5643	_____	CHERRY CANYON	3969
BRUSHY CANYON	5644	6809	_____	BRUSHY CANYON	5644
BONESPRING	6810	1008	_____	BONESPRING	6810
WOLFCAMP	10009	0000	BOTTOM DEPTH NOT RECORDED.	WOLFCAMP	10009

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	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Geologic Report <input type="checkbox"/> Core Analysis </div> <div> <input type="checkbox"/> DST Report <input type="checkbox"/> Other: </div> <div> <input checked="" type="checkbox"/> Directional Survey </div> </div>
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 P DONALD	56. Title REGULATORY ANALYST
57. Date* (MM/DD/YYYY) 07/05/2017 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 _____
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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.

Form 3160-5
(August 2007)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNM OIL CONSERVATION
ARTESIA DISTRICT

JUL 07 2017

SUNDRY NOTICES AND REPORTS ON WELLS

RECEIVED

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 checked="" type="radio"/> Notice of Intent <input 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 W. ILLINOIS SUITE 100 MIDLAND TX 79707	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 SC 7-20-17	

20. E-mail* 	21. Fax Number
Lease and Agreement	
22. Lease Serial Number* NMNM35607	
24. If Unit or CA/Agreement, Name and/or Number 	25. Field and Pool, or Exploratory Area* WC-0151 G-03 S262925D;BS
County and State for Well	
26. County or Parish, State* EDDY COUNTY 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* ROSS DRAW 25	Well Number* 31H
API Number 30-015-43579	
Section 25	Township 26S
Range 39E 29E	Meridian
Qtr/Qtr 	N/S Footage 170 FNL
E/W Footage 410 FWL	
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 recompleat 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 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 site is ready for final inspection. 12/21/2016-12/22/2016: MIRU. PRESSUE TEST CASING AND TOE SLEVE AT 8500. 01/09/2017-06/01/2017 : STARTED STIMULATION OPERATIONS 31 STAGES 9MILLION POUNDS OF SAND, 231K GALLONS ON WATER, 8990 GALLONS OF ACID. 06/2/2017-06/03/2017: TURNED WELL ON FOR PRODUCTION.	

I hereby certify that the foregoing is true and correct.

29. Name*

PATRICIA P DONALD

30. Title

REGULATORY ANALYST

31. Date* (MM/DD/YYYY)

06/19/2017

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.*5. Lease Serial No.
NMNM35607

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 21. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
ROSS DRAW 25 31H2. Name of Operator
XTO ENERGY, INCContact: STEPHANIE RABADUE
E-Mail: stephanie_rabadue@xtoenergy.com9. API Well No.
30-015-435793a. Address
500 W. ILLINOIS ST STE 100
MIDLAND, TX 797013b. Phone No. (include area code)
Ph: 432-620-671410. Field and Pool or Exploratory Area
WILDCAT; BONE SPRING4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 25 T26S R29E Mer NMP NWNW 170FNL 410FWL11. County or Parish, State
EDDY COUNTY, NM**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Well Spud
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Filing Amended Well Spud Sundry for the Following Corrections:

1. MD TD of well: 15296', Casing Set Depth: 15288'
2. Surface Casing Press Tested to: 1000psi for 30mins
3. Intermediate Casing Press Tested to: 1500psi for 30mins
4. Production Casing Press Tested to: 5000psi for 30mins

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #381398 verified by the BLM Well Information System
For XTO ENERGY, INC, sent to the Carlsbad**

Name (Printed/Typed) STEPHANIE RABADUE

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 07/15/2017

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, 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.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED**Pending BLM approvals will
subsequently be reviewed
and scanned

BC 7-20-17