

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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

**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.*

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>APR - 5 2010</b>  <b>NMOCD ARTESIA</b> </div>	5. Lease Serial No NM 0556859A
2. Name of Operator XTO Energy Inc.			6. If Indian, Allottee or Tribe Name
3a. Address 200 North Loraine Street, Suite 800 Midland, TX 79701	3b. Phone No (include area code) 432-620-6736	7. If Unit of CA/Agreement, Name and/or No. Nash Unit	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Nash #13 Well 2315' FSL & 1745' FWL of Section 12 T23S, R29E Eddy County, NM		8. Well Name and No Nash #13	
		9. API Well No. 3001527316	
		10. Field and Pool or Exploratory Area Delaware	
		11. Country 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 checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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.)

Nash Draw #13 Battery Expansion: XTO needs to expand the surface location to accomodate their operations for production from the Nash #39H - Surface Location 2415' FSL & 1645' FWL of section 12, T23S, R29E, the Nash #40H - Surface Location 2374' FSL & 1616' FWL of section 12, T23S, R29E and the Nash #41H - Surface Location 2456' FSL & 1674' FWL of section 12, T23S, R29E, all three of these wells have surface locations on the NM 0556859A lease, are horizontal wells with bottom hole locations off of the leased premises, but still within the unit confines. The Nash #13 well is located 2315' FSL & 1746' FWL of Section 12, T23S, R29E, Eddy County, NM and is on the same lease and has production from that lease and unit. The surface is owned by the BLM and is covered by a grazing lease to Hart Greenwood Box 104, Carlsbad NM 88220, 575-885-4254. The proposed surface location expansion is a space that measures 200' north and south by 250' east and west off of the NE corner of the existing location.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) <i>Kristy Ward</i>	Title <i>Regulatory Analyst</i>
Signature	Date <i>2-18-10</i>

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <i>/s/ Don Peterson</i>	FIELD MANAGER	
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	Title	Date
	Office <b>CARLSBAD FIELD OFFICE</b>	

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)

*[Handwritten signature]*

