Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| EØRM APPROVED | | | | | |
|------------------------|--|--|--|--|--|
| OMB.NO, 1004-0137 | | | | | |
| Expires March 31, 2007 | | | | | |

AND THE PROPERTY OF THE PROPER

5. Lease Serial No.

| | | | | - 078089 adian, Allottee or Tribe Name | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| SUBMIT IN TRIPLICATE - | Other Instructions | on reverse side | 7, HU | init or CA/Agreement, Name and/or No | |
| 1. Type of Well Oil Well X Gas-Well Other 2. Name of Operator XTO Energy Inc. | | | S∞tt 27-13 | I Name and No. E. Federal #1 L-22. Well No. | |
| 3a. Address | and the second s | 3b. Phone No. (include area code) | | ≱5−30852 | |
| 2700 Farmington Ave., Bldg. K. Ste | 505-324-1090 | 10. Fi | ield and Pool, or Exploratory Area | | |
| 4. Location of Well (Foologie, Sec., T., R., M., or Survey Description) Basin Dakota | | | | | |
| 920' FNL x 910' FWL in sec 22', T27N | , RliW | | 11 C | ounty or Parish, State Juan NM | |
| 12. CHECK APPROPRIATE | BOX(ES) TO INI | DICATE NATURE OF NOTIC | | | |
| TYPE OF SUBMISSION | | TYPE OF A | • | · | |
| Notice of latent | Acidize | Deepen | Production (Start/Re | esuine) Water Shut-Off | |
| X Subsequent Report | Alter Casing Casing Repair | Fracture Treat New Construction | Rectamation Recomplete | Well Integrity X Other WELL SPUD | |
| Final Abandonment Notice | Change Plans Convert to Injects | Plug and Abandon on Plug Back | Temporarily Abando Water Disposal | ND. | |
| resting has been completed. Final Abandonment determined that the final site is ready for final inspectations of the final site is ready for final inspectations. The final site is ready for final inspectations of the final site is ready for final inspectations. The final site is ready for fina | otion) 3 8 10:30 a.m., sx Premium Lite 2:01 cuft/sx). I cmt w/8% gel, 1 | 02/09/05. TIH w/156 jts HS w/0.2% CD32, 0.5% F Propped bomb & op DV too /4 PPS celloflake & 2% j | 5-1/2", 15. L32, 1/4 PPS 1. Circ 12 E | 5#, J-55, ST&C csg to celloflake, 2% KCl & bls cmt off DV tool. nixed @ 11.9 ppg, 2.60 | |
| **PRODUCTION CSG WILL BE PRESSURE TESTED @ COMPLETION** | | | | | |
| | | 1000 mg | | 2005 FEB 17 6 | |
| 14. Thereby certify that the foregoing is true and correct Name (Printed/Typed) | | Title | e Tompien | | |
| MELLY K. SMALL SYNCULO | | Date 02/15/05 | POTOTAMI | ACCEPTED FOR RECORD | |
| | S SPACE FOR FEI | DERAL OR STATE OFFICE I | | AUVERTIES - CO | |
| Approved by | | Title | | Line | |
| Conditions of approval, if any, are attached. Approval certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations. | o those rights in the sul | varrant of Office | | FARMINGIUM FIELD OFFICE BY | |