

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Dry Other _____ b. Type of Completion: <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Diff Resrv. Other _____		6. If Indian, Allottee or Tribe Name _____							
2. Name of Operator XTO Energy Inc.		RECEIVED OCT 13 2005							
3. Address 2700 Farmington Ave., Bldg. K. Ste 1 Farmington, NM		3a. Phone No. (Include area code) 505-324-1090							
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 2420' FNL & 950' FWL At top prod. interval reported below At total depth		8. Lease Name and Well No. DAWSON FEDERAL #1B 9. API Well No. 30-045-30886CZ 10. Field and Pool, or Exploratory OTERO CHACRA 11. Sec., T., R., M., or Block and Survey or Area SEC 26-T27N-R08W 12. County or Parish 13. State SAN JUAN NM 17. Elevations (DF, RKB, RT, GL)* 6019' GL							
14. Date Spudded 4/3/2005	15. Date T.D. Reached 4/10/02	16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 9/28/05							
18. Total Depth: MD TVD 5100 5064	19. Plug Back T.D.: MD TVD 5019 TVD	20. Depth Bridge Plug Set: MD TVD MD TVD							
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) N/A		22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)							
23. Casing and Liner Record (Report all strings set in well)									
Hole Size	Size/Grade	Wt.(#ft.)	Top (MD) Bottom (MD)	Stage Cement Depth	No.of Skcs. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled	
12-1/4"	8-5/8"	24#	370		250		0	0	
7-7/8"	4-1/2'	11#	5099		1125		0	0	
24. Tubing Record									
Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	
2-3/8"	4598'								
25. Producing Intervals									
Formation	Top	Bottom	Perforated Interval	Size	No. Holes				
A) CHACRA	3083'	3231'	3083' - 3231'	0.34"	28				
B)									
C)									
D)									
26. Perforation Record									
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.									
Depth Interval	Amount and Type of Material								
3083' - 3231'	A. w/500 gals 15% NEFE HCl ac. A. w/750 gals 15% NEFE HCl ac. Frac'd w/53,326 gals 70Q foamed 12# Delta 140 X-linked gelled 2% KCl wtr carrying 70,300# 16/30 Brady sd & 20,400# 16/30 Brady sd coated w/Expedite								
28. Production - Interval A									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
	9/28/2005	24	→	0	28	0			FLOWING
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	
3/4"	0	22	→	0	28	0		FLOWING	
28a. Production-Interval B									
Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	
			→						

OIL CONSRV. DIV. DIST. 3

ACCEPTED FOR RECORD OCT 13 2005 FARMINGTON FIELD OFFICE BY AMOC

(See instructions and spaces for additional data on page 2)

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

30. Summary of Porous Zones (Include Aquifers):

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
				PREVIOUSLY RPTD IN	2002

33. Indicate which items have been attached by placing a check in the appropriate boxes:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Title **REGULATORY COMPLIANCE TECH**

Date **10/4/2005**

(Form 3160-4, page 2)