

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

30-039-22672

**WELL COMPLETION OR RE-COMPLETION REPORT AND LOG**

**Bold\*** fields are required.

Section 1 - Completed by Operator	
<b>1. BLM Office*</b> Farmington, NM	<b>2. Well Type*</b> GAS
<b>3. Completion Type*</b> Different Reservoir	
Operating Company Information	
<b>4. Company Name*</b> XTO ENERGY INC.	
<b>5. Address*</b> 2700 FARMINGTON AVENUE SUITE K-1 FARMINGTON NM 87401	<b>6. Phone Number*</b> 505-324-1090
Administrative Contact Information	
<b>7. Contact Name*</b> HOLLY C PERKINS	<b>8. Title*</b> REGULATORY COMPLIANCE TECH
<b>9. Address*</b> 2700 FARMINGTON AVENUE SUITE K-1 FARMINGTON NM 87401	<b>10. Phone Number*</b> 505-324-1090
	<b>11. Mobile Number</b> _____
<b>12. E-mail*</b> Regulatory@xtoenergy.com	<b>13. Fax Number</b> 505-564-6700
Technical Contact Information	
<input checked="" type="checkbox"/> Check here if Technical Contact is the same as Administrative Contact.	
<b>14. Contact Name*</b> _____	<b>15. Title*</b> _____
<b>16. Address*</b> _____ _____ _____	<b>17. Phone Number*</b> _____ _____
	<b>18. Mobile Number</b> _____
<b>19. E-mail*</b> _____	<b>20. Fax Number</b> _____

ACCEPTED FOR RECORD  
APR 29 2005  
FARMINGTON FIELD OFFICE  
BY: *[Signature]*

NMOCD

X-10 - Recomp.

Well										
<b>28. Well Name*</b> APACHE FEDERAL ✓			<b>29. Well Number*</b> 13E ✓				<b>30. API Number</b> 30-039-22672 ✓			
<b>31. Date Spudded</b> 03/23/1981		<b>32. Date T.D. Reached</b> 04/06/1981		<b>33. Date Completed</b> 03/02/2005 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce			<b>34. Elevations (DF, RKB, RT, GL)</b> 6775 Ground Level			
<b>35. Total Depth:</b> MD 6765 TVD			<b>36. Plug Back Total Depth:</b> MD 6720 TVD			<b>37. Depth Bridge Plug Set:</b> MD TVD				
<b>38. Type Electric &amp; Other Mechanical Logs Run</b> (Submit copy of each) GR/CCL						<b>39.</b> 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 checked="" type="radio"/> No <input type="radio"/> Yes (Submit Copy)				
<b>40. Casing and Liner Record (Report all strings set in well)</b>										
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
12.25 ✓	8.625 ✓	J-55	24		525 ✓		475 ✓		0	0
7.875 ✓	5.5 ✓	J-55 ✓	15.5 ✓		6765 ✓		1800 ✓		0	0
<b>41. Tubing Record</b>						<b>42. Producing Intervals</b>				
Size	Depth Set (MD)		Packer Depth (MD)			Formation		Top (MD)	Bottom (MD)	
2.375	6690 ✓					A) PICTURED CLIFFS		2176 ✓	2194	
						B) _____				
						C) _____				
						D) _____				
<b>43. Perforation Record</b>										
Top	Bottom		Size	No. Holes		Perf. Status				
2176	2194		0.34	36		✓				
<b>44. Acid, Fracture, Treatment, Cement Squeeze, etc.</b>										
Top	Bottom	Amount and Type of Material								
2176	2194	A. W/958 GALS 15% HCL NEFE ACID. FRAC'D W/20,151 GALS 70Q FOAMED 24# LINEAR GELLED 2%								
		KCL WTR CARRYING 80,780# 16/30 BRADY SAND & 20,360# SUPER LC RCS.								

<b>45. Production Method and Well Status for Production Intervals</b>								
Production Method Flows From Well		Well Status Gas Well Shut-In						
<b>46. Production – Interval A</b>								
Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
	03/03/2005	4	>>>>>	0	75	5		
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
N/A	200	310	>>>>>	0	450	30		
<b>47. Production – Interval B</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	
			>>>>>					
<b>48. Production – Interval C</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	
			>>>>>					
<b>49. Production – Interval D</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	
			>>>>>					
<b>50. Disposition of Gas (Sold, used for fuel, vented, etc.)</b>								
Captured								

Surface Location					
<b>21. Specify location using one of the following methods:</b> 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					
<b>State*</b> NM	<b>County or Parish*</b> SAN JUAN				
Section 07 /	Township 24N ✓	Range 05W ✓	Meridian NEW MEXICO PRINCIPAL		
Qtr/Qtr NESW	Lot # —	Tract # —	N/S Footage 1650 FSL ✓	E/W Footage 1650 FWL ✓	
Latitude —	Longitude —	Metes and Bounds			
Producing Interval Location					
<b>22. Specify location or</b> <input checked="" type="checkbox"/> Check here if the producing hole location is the same as the surface location.					
<b>State*</b> —	<b>County or Parish*</b> —				
Section —	Township —	Range —	Meridian		
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W Footage —	
Latitude —	Longitude —	Metes and Bounds			
Bottom Location					
<b>23. Specify location or</b> <input checked="" type="checkbox"/> Check here if the bottom hole location is the same as the surface location.					
<b>State*</b> —	<b>County or Parish*</b> —				
Section —	Township —	Range —	Meridian		
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W Footage —	
Latitude —	Longitude —	Metes and Bounds			
Lease and Agreement					
<b>24. Lease Serial Number*</b> JIC-69 ✓			<b>25. If Indian, Allottee or Tribe Name</b> JICARILLA APACHE TRIBE ✓		
<b>26. If Unit or CA/Agreement, Name and/or Number</b> —			<b>27. Field and Pool, or Exploratory Area*</b> BALLARD PICTURED CLIFFS ✓		

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.)      ☐ Geologic Report    ☐ DST Report    ☐ Directional Survey  
☐ Sundry Notice for plugging and cement verification    ☐ Core Analysis    ☐ Other:

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

**55. Name**

HOLLY C PERKINS

**56. Title**

REGULATORY COMPLIANCE TECH

**57. Date\*** (MM/DD/YYYY)

03/28/2005

**58. 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.