

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

30-039-22673

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Farmington, NM	2. Well Type* GAS
3. Completion Type* Different Reservoir	
Operating Company Information	
4. Company Name* XTO ENERGY INC.	
5. Address* 2700 FARMINGTON AVENUE SUITE K-1 FARMINGTON NM 87401	6. Phone Number* 505-324-1090
Administrative Contact Information	
7. Contact Name* HOLLY C PERKINS	8. Title* REGULATORY COMPLIANCE TECH
9. Address* 2700 FARMINGTON AVENUE SUITE K-1 FARMINGTON NM 87401	10. Phone Number* 505-324-1090
	11. Mobile Number
12. E-mail* Regulatory@xtoenergy.com	13. Fax Number 505-564-6700
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

NMOCD

OPERATOR

X TO Recomp.

Well			
28. Well Name* APACHE FEDERAL		29. Well Number* 11E	
30. API Number 30-039-22673			
31. Date Spudded 04/09/1981	32. Date T.D. Reached 04/26/1981	33. Date Completed 03/10/2005 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce	34. Elevations (DF, RKB, RT, GL) 6484 Ground Level
35. Total Depth: MD 6798 TVD	36. Plug Back Total Depth: MD 6755 TVD	37. Depth Bridge Plug Set: MD TVD	
38. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR/CCL		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 checked="" type="radio"/> No <input 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
12.25	8.625	J-55	24	—	530	—	600	—	0	0
7.875	5.5	J-55	15.5	—	6798	—	1500	—	0	0
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—

41. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)
2.375	6649	—
—	—	—
—	—	—

42. Producing Intervals

Formation	Top (MD)	Bottom (MD)
A) PICTURED CLIFFS	2230	2296
B) —	—	—
C) —	—	—
D) —	—	—

43. Perforation Record

Top	Bottom	Size	No. Holes	Perf. Status
2230	2296	0.34	32	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
2230	2294	A. W/53,496 GALS 70Q FOAMED, 25# LINEAR GELLED 2% KCL WTR CARRYING 80,180# 16/30
—	—	BRADY SAND & 26,000# SUPER LC RCS.
—	—	—

45. Production Method and Well Status for Production Intervals								
Production Method Flows From Well		Well Status Gas Well Shut-In						
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
	03/12/2005	24	>>>>>	0	297	0		
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
N/A	340	360	>>>>>	0	297	0		
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								

Surface Location					
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* RIO ARRIBA				
Section 8 ✓	Township 24N ✓	Range 5W ✓	Meridian		
Qtr/Qtr NWSW	Lot # —	Tract # —	N/S Footage 1850 FSL	E/W Footage 790 FWL	
Latitude —	Longitude —	Metes and Bounds			
Producing Interval Location					
22. Specify location or <input checked="" type="checkbox"/> Check here if the producing hole location is the same as the surface location.					
State* —	County or Parish* —				
Section —	Township —	Range —	Meridian		
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W Footage —	
Latitude —	Longitude —	Metes and Bounds			
Bottom Location					
23. Specify location or <input checked="" type="checkbox"/> Check here if the bottom hole location is the same as the surface location.					
State* —	County or Parish* —				
Section —	Township —	Range —	Meridian		
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W Footage —	
Latitude —	Longitude —	Metes and Bounds			
Lease and Agreement					
24. Lease Serial Number* JIC69			25. If Indian, Allottee or Tribe Name JICARILLA APACHE TRIBE		
26. If Unit or CA/Agreement, Name and/or Number —			27. Field and Pool, or Exploratory Area* 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.