

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED **RECEIVED**  
OMB No. 1004-0137  
Expires: October 31, 2014

**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.*

5. Lease Serial No.  
NMSF079968

**FEB 29 2016**

6. If Indian, Allottee or Tribe Name

Farmington Field Office  
Bureau of Land Management

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

1. Type of Well  
 Oil Well  Gas Well  Other

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.  
WF FEDERAL 03-01

2. Name of Operator  
XTO ENERGY INC.

9. API Well No.  
30-045-30202

3a. Address  
382 CR 3100, AZTEC, NM 87410

3b. Phone No. (include area code)  
(505)333-3206

10. Field and Pool or Exploratory Area  
BASIN FC / TWIN MOUNDS FS PC

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1265' FNL & 1095' FWL SEC 3 (D) - T29N - R14W

11. County or Parish, State  
SAN JUAN, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>RECORD</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>CLEAN UP POOL</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>CHANGE</u>

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 recomplete 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 recompletion 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.)

XTO Energy Inc, requests to change the Harper Hill FS PC (78160) to the Twin Mounds FS PC (86620) per NMOCDs well file review. Please see attached C-102 reflecting the corrected Pool.

OIL CONS. DIV DIST. 3  
MAR 07 2016

ACCEPTED FOR RECORD

MAR 03 2016

FARMINGTON FIELD OFFICE  
BY: *J. Madani*

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
KRISTEN D. LYNCH

Title REGULATORY ANALYST

Signature *Kristen D. Lynch*

Date 02/25/2016

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by	Title	Date
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.	Office	

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)

State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised October 19, 2009

Submit one copy to appropriate District Office

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
**District II**  
811 South First, Artesia, NM 88210  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
**District IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-045-25506		<sup>2</sup> Pool Code 86620		<sup>3</sup> Pool Name TWIN MOUNDS PICTURED CLIFFS	
<sup>4</sup> Property Code 303680		<sup>5</sup> Property Name WF FEDERAL 03			<sup>6</sup> Well Number 01
<sup>7</sup> OGRID No. 5380		<sup>8</sup> Operator Name XTO ENERGY INC.			<sup>9</sup> Elevation 5460'

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	3	29N	14W		1265'	NORTH	1095'	WEST	SAN JUAN

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
SAME									

<sup>12</sup> Dedicated Acres PC: 160 ACRES	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<sup>17</sup> OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true &amp; complete to the best of my knowledge &amp; belief and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i>
	Signature <i>Kristen D. Lynch</i> Printed Name KRISTEN D. LYNCH Title REGULATORY ANALYST Date 2/25/2016
	<sup>18</sup> SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true &amp; correct to the best of my belief.</i>
	Date of Survey 6/23/1984 Original Survey Signed By: John A. Vukonich Certificate Number 14831