Form 3160-5 (August 2007)

entitle the applicant to conduct operations thereon.

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED
OMB NO. 1004-0137
Expires July 31, 2010

5. Lease Serial No.

MMM	Ø03039

SUNDRY NOTICES AND REPORTS ON WELLS			1	NMNM Ø03039		
Do not use this form for proposals to drill or to re-enter an			6. If Indian, Allottee or Tribe Name  N/A			
abandoned well. Use Form 3160-3 (APD) for such proposals.						
- ALL M			7. If Unit or CA/Agreement, Name and/or No			
SUBMIT IN TRIPLICATE - Other instructions on page 2						
1. Type of Well	FEB 2 0 20					
Lund Lund Lund (4/2	8. Well Name and No.  HUERFAND #310					
2. Name of Operator	- FED	nagemer"		HOEREANO #310		
XTO Energy Inc.	of Land ciel	Office		9. API Well No.	2/15/0	
	Buice: of Land Management  Buice: of Land Management  Buice: of Land Management  3b. Phone No. (include area code)  505-333-310			30-045-34562 10. Field and Pool, or Exploratory Area		
382 CR 3100 Aztec, NM 87410 4. Location of Well (Footage, Sec., T., R., M., or Survey I				10. Field and Pool, or BASIN DK/WC BA		
850' FSL x 1720' FEL SEC 9, T25N,			į			
650 Fall R 1720 FEM SEC 9, 1238, 1598				11. County or Parish, State		
				SAN JUAN	NM	
12. CHECK APPROPRIATE	E BOX(ES) TO IN	DICATE NATURE OF 1	NOTICE, REPOR	RT, OR OTHER DA	ATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
4	<u>г</u>	Пъ		(Start/Resume)	Water Shut-Off	
X Notice of Intent	Acıdize	Deepen				
Subsequent Report	Alter Casing	Fracture Treat	Reclamation	=	Well Integrity	
	Casing Repair	New Construction	Recomplete	-	Other CHG NAME	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily	Abandon		
	Convert to Injecti	on Plug Back	Water Dispo	sposal		
determined that the final site is ready for final inspection.  The BIM is requesting we change	•	is well due to it i	being in a u	nit.		
			-			
New Name of well: HUERFANO UNIT	#310			maim 147	ኒ	
Y					AR 28 '08	
				OIL CO	4S. DIV.	
				DIS	T. 3	
				DAIN O	PR 4'08	
					NS. DIV.	
				DIG	ST. 3	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	<del>"                                    </del>					
Kyla Vauchan		Title Regula	tory Complia	ince		
Signature Kyla Aughan		Date 02/15/0	8			
() () THIS	S SPACE FOR FEI	ERAL OR STATE OF				
Approved by /8/ Monica Tilden			nement Ex	Len. Date FE	B 2 0 2008	
Conditions of approval, if any, are attached. Approval of this noti the applicant holds legal or equitable title to those rights in the sub- entitle the applicant to conduct operations thereon.		ify that Office				