Form 3160-5 (August 2007)

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

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

## SUNDRY NOTICES AND REPORTS ON WELLS

NOV 24 2009 NMM-03553

| Do not use this form for prop<br>abandoned well. Use Form 31                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       |                                                                                                              | !-                                                                                                      | Land 1                                                            | 6. If In                                                                      | dian, Alloti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tee or Tribe Name                                              | ;                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|
| SUBMIT IN TRIPLICATE -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other instructio                                                                                      | ns on page                                                                                                   | Falling                                                                                                 |                                                                   | 1640                                                                          | nit or CA//                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Agreement, Name                                                | and/or No                                             |
| 1. Type of Well  Oil Well X Gas Well Other  2. Name of Operator  XTO ENERGY INC.  3a Address  382 CR 3100 AZTEC, NM 87410  4. Location of Well (Footage, Sec., T., R., M., or Survey Description of Well)  1110 FNL & 1060 FEL NENE Sec. 15 (A.)                                                                                                                                                                                                                                                             | ription)<br>A) -T26N-R6W                                                                              |                                                                                                              | ). (include area<br>33-3100                                                                             | ı code)                                                           | 9. API 30-03 10. Fi BASIN                                                     | DAKOTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9<br>ol, or Exploratory                                        |                                                       |
| 12. CHECK APPROPRIATE BO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OX(ES) TO IND                                                                                         | DICATE NA                                                                                                    | TURE OF NO                                                                                              | OTICE,                                                            |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                       |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TYPE OF ACTION                                                                                        |                                                                                                              |                                                                                                         |                                                                   |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                       |
| Subsequent Report  Final Abandonment Notice  Final Abandonment Notice  Final Abandonment Notice  Is the proposed or Completed Operation (clearly stated the Bond under which the work will be perform following completion of the involved operations. If the testing has been completed. Final Abandonment Notice determined that the final site is ready for final inspection.  XTO Energy Inc., proposes to plug and an abandon ment Notice determined that the final site is ready for final inspection. | horizontally, give so<br>ned or provide the I<br>coperation results in<br>tes shall be filed on<br>.) | New C  X Plug a  Plug a  lls, including es  ubsurface locat Bond No. on fin a multiple co  fy after all requ | construction and Abandon wack climated starting ons and measu with BLM/f impletion or recirements, inch | R R R W g date of gred and BIA. Recompleticulating recompletions. | true vertical dep<br>quired subsequer<br>on in a new inter<br>clamation, have | ork and apports of all properties of all propert | ertinent markers a<br>shall be filed with<br>n 3160-4 shall be | on thereof,<br>and zones.<br>in 30 days<br>filed once |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10                                                                                                    | ·                                                                                                            | OPERATIO                                                                                                | 741C                                                              |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                       |
| NOTIFY NAUCH AZTEC 24 HOURS P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <br>                                                                                                  | GINDING                                                                                                      | OI CILATITE                                                                                             |                                                                   |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | - '                                                   |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) TEENA M. WHITING                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       | Title                                                                                                        | REGULAT                                                                                                 | ORY C                                                             | OMPLIANCE I                                                                   | ECHNICI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                       |
| Signature Jems M. W. Aitis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ng                                                                                                    | Date                                                                                                         | 11/23/20                                                                                                |                                                                   |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                    | . 31, 11, 6                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ACE FOR FED                                                                                           |                                                                                                              |                                                                                                         | ICE US                                                            | SE                                                                            | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                | erin Hi                                               |
| Approved by Original Signed: Stephen Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | son                                                                                                   | Titl                                                                                                         | <del>u</del>                                                                                            |                                                                   |                                                                               | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NOV 25 2                                                       | 600                                                   |

Office

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

|       | TWD:                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | Approved:                                                                                                                                                                                                                                                                                                                                                                                                               |
|       | PLUG AND ABANDONMENT PROCEDURE                                                                                                                                                                                                                                                                                                                                                                                          |
|       | June 29, 2009                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | Breech D #240                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | Basin Dakota 1110' FNL & 1060' FEL, Section 15, T26N, R6W, Rio Arriba County, New Mexico API 30-039-06519/ Lat: N Long: W                                                                                                                                                                                                                                                                                               |
| Note: | All cement volumes use 100% excess outside pipe and 50' excess inside. The stabilizing wellbore fluid will be 8.3 ppg, sufficient to balance all exposed formation pressures. All cement will be Class B, mixed at 15.6 ppg with a 1.18 cf/sx yield.                                                                                                                                                                    |
| 1.    | This project requires the Operator to obtain an approved NMOCD C-144 CLEZ Closed-Loop System Permit for the use of an A-Plus steel tank to handle waste fluids circulated from the well and cement wash up.                                                                                                                                                                                                             |
| 2.    | Install and test location rig anchors. Comply with all NMOCD, BLM, and Operator safety regulations. MOL and RU daylight pulling unit. Conduct safety meeting for all personnel on location. Record casing, tubing and bradenhead pressures. NU relief line and blow down well. Kill well with water as necessary and at least pump tubing capacity of water down the tubing. ND wellhead and NU BOP. Function test BOP. |
| 3.    | Rods: Yes, NoX, Unknown; Tubing: YesX_, No, Unknown, Size _2.375"_, Length _7288'_; Packer: Yes, NoX, Unknown, Type  If this well has rods or a packer, then modify the work sequence in step #2 as appropriate. Round trip 4.5" casing scraper or gauge ring to 7100'.                                                                                                                                                 |
| 4.    | Plug #1 (Dakota perforations and top, 7100' – 7000'): PU and RIH with 4.5" cement retainer; set at 7100'. Pressure test tubing to 1000 PSI. Pressure test casing to 800 PSI. If casing does not test, then spot or tag subsequent plugs as appropriate. Circulate well clean. Spot 12 sxs Class B inside casing above CR to 7000' to isolate the Dakota interval. PUH.                                                  |
| 5.    | Plug #2 (Gallup top, 5194' – 5094'): Spot 12 sxs Class B cement balanced plug inside casing to cover the Gallup top. PUH.                                                                                                                                                                                                                                                                                               |
| 6.    | Plug #3 (Mesaverde top, 4630' – 4530'): Spot 12 sxs Class B cement balanced plug inside casing to cover the Mesaverde top. PUH.                                                                                                                                                                                                                                                                                         |
| 7.    | Plug #4 (Pictured Cliffs and Fruitland tops, 2950' – 2647'): Spot 27 sxs Class B cement balanced plug inside casing to cover the Pictured Cliffs and Fruitland tops. PUH.                                                                                                                                                                                                                                               |

4,47°EL.

LWF:

8. Plug #5 (Kirtland and Ojo Alamo tops, 2460' - 2117'): Spot 30 sxs Class B cement balanced plug inside casing to cover the Kirtland and Ojo Alamo tops. PUH.

1121

- 9. Plug #6 (Nacimiento top, 1204' 1104'): Spot 12 sxs Class B cement balanced plug inside casing to cover the Nacimiento top. PUH.
- 10. Plug #8 (Surface Casing shoe, 315' to Surface): Connect the pump line to the bradenhead valve and attempt to pressure test the BH annulus to 300 PSI; note the volume to load. If the BH annulus holds pressure, then establish circulation out casing valve with water. Mix approximately 30 sxs Class B cement and spot a balanced plug inside the casing from 315' to surface, circulate good cement out casing valve. TOH and LD tubing. Shut well in and WOC. If the BH annulus does not test, then perforate at the appropriate depth and attempt to circulate cement to surface filling the 4.5" casing from 223' and the BH annulus to surface. Shut well in and WOC.
- 11. ND BOP and cut off casing below surface casing flange. Install P&A marker with cement to comply with regulations. RD, move off location, cut off anchors and restore location.

## BUREAU OF LAND MANAGEMENT FARMINGTON DISTRICT OFFICE

1235 LA PLATA HIGHWAY FARMINGTON, NEW MEXICO 87401

Attachment to notice of Intention to Abandon:

Re: Permanent Abandonment

Well: 240 Breech D

## **CONDITIONS OF APPROVAL**

- 1. Plugging operations authorized are subject to the attached "General Requirements for Permanent Abandonment of Wells on Federal and Indian Lease."
- 2. Farmington Office is to be notified at least 24 hours before the plugging operations commence (505) 599-8907.
- 3. The following modifications to your plugging program are to be made:
- a) Place the Gallup plug from 6184' 6084'.
- b) Place a cement plug from 3853' 3753' to cover the Chacra top.
- c) Place the Pictured Cliffs/Fruitland plug from 2950' 2598'.
- d) Place the Nacimiento plug from 1121' 1021'.

You are also required to place cement excesses per 4.2 and 4.4 of the attached General Requirements.

Office Hours: 7:45 a.m. to 4:30 p.m.