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

5. Lease Serial No.

SUNDRY	NOTICES AN	D REPORTS	ON	WELLS
not use thi	s form for pro	posals to dril	lort	o re-enter an

NMNM-0498 6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2 Type of Well	abandoned well. Use Fort	m 3160-3 (APD) for	such proposals.			
1. Type of Well Gas Well Other Gas Well Other Other Gas Well Other Other Gas Well Other	SUBMIT IN TRIPLICAT	7, alf Unit or CA/Agreement, Name and/or No				
Convert Consequence Cons	1 Type of Well		The same of the sa	No. 25 James To		
Note to repetatory Inc. 3a. Address 3b. Phone No. (implestations) 3b. Phone No. (implestations) 3c. 2a. 3000 3c. 2a. 3050 3c. 3a. 3050 3c. 3a. 3a. 3c. 3c. 3c. 3c. 3c. 3c. 3c. 3c. 3c. 3c			II gray	-00 ¹⁸	8. Well Name and	1 No.
Address 3a. Address 3b. Phone No. (includation 1992) 3a. Address 3b. Phone No. (includation 1992) 3b. Phone No. (includation 1992) 3c. Gaf-30528 3c. Car. 3100 Actoc, NM 87410 Actoc				IEC SI ZVIII	TEDERAL 8 #3	3
3a Address 3b Phone No. Included Control Page 15 3c Section of West (Footage, Sec., T. R. M. or Survey Description) 10. Field and Foot, or Exploratory Area 10. Field and Foot, or Exploratory Area 11. Country or Parish, State 38N JUN 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 170 FOOT Country or Parish, State 38N JUN 11. Country or Parish, Stat	•		٠	25000	Y Company	
382 CR 3100 Aztec, NM 57410 10. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 11. COUNTY OF PRIST, State SIN DIAN 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 17PE OF SUBMISSION 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 17PE OF SUBMISSION 17PE OF SUBMISSION 17PE OF SUBMISSION 18 Notice of factor 19 Addrer Cusing 19 Production (StaffResume) 10 Deepen 10 Production (StaffResume) 11 County or Parish, State 12 Subsequent Report 12 Casing Repair 13 Aber Cusing 14 Princes Treat 15 Princes Treat 15 Princes Treat 16 Princes Treat 17 Princes Treat 18 Reclamation 19 Princes Treat 19 Production (StaffResume) 10 West Integrity 11 County or Parish, State 12 Check Submission 13 Describe Proposed or Completed Operation (clearly state all period treating) 14 Princes Treat 15 Princes Treat 16 Princes Treat 17 Princes Treat 18 Princes Treat 18 Princes Treat 19 Production (StaffResume) 19 Princes Treat 10 Princes Treat 10 West Integrity 10 Other Controlled 10 Controlled StaffResume 10 West Integrity 11 Country or Parish, State 12 Casing Repair 13 Princes Treat 14 Princes Treat 15 Princes Treat 16 Princes Treat 17 Princes Treat 18 Princes Treat 18 Princes Treat 18 Princes Treat 19 Princes Treat 19 Princes Treat 10 West Integrity 10 Other Controlled 10 Casing Repair 10 Princes Treat 11 Princes of any proced work and approximate duration there 12 Casing Repair 13 Princes Treat 14 Princes Treat 15 Princes Treat 16 Princes Treat 17 Princes Treat 18 Princes Treat 18 Princes Treat 18 Princes Treat 19 Princes Treat 19 Princes Treat 19 Princes Treat 10 Reclamation 10 Princes Treat 11 Princes Treat 12 Princes Treat 13 Princes Treat 14 Princes Treat 15 Princes Treat 16 Princes Treat 17 Princes Treat 18 Princes Treat 18 Princes Treat 19 Princes Treat 19 Princes T			3b. Phone No. (include:ār	A CAN LANGUE TO THE PARTY OF TH	(· · · · · · · · · · · · · · · · · · ·	n
4. Location of Well (Footoge, Sec. T. R. M. or Survey Description) 737' FNL s 1686' FNL SEC 8C-T32N-R12W 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 1798 OF ACTION Notice of Intent			505-333-3204	THE RESERVENCE OF THE PARTY OF		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent		Description)				
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Innest	737' FNL & 1686' FWL SEC 8C-T32N-R	1.2W			 	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent					County or Pa	arish, State
TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent					MAUL MAS	NM
Acidize	12. CHECK APPROPRIATE	E BOX(ES) TO INI	DICATE NATURE OF N	NOTICE, REPOR	T, OR OTHER	DATA
Alter Casing Fracture Treat Reclamation Well Integrity	TYPE OF SUBMISSION	TYPE OF ACTION				
Subsequent Report	X Notice of Intent	Acidize	Deepen	Production (S	Start/Resume)	Water Shut-Off
Cassing Repair New Construction Recomplete More Construction Recomplete More Construction Plug and Abandon Temporarily Abandon SHUP-IN STATUS		Alter Casing	Fracture Treat	Reclamation	Ē	Well Integrity
Change Plans	Subsequent Report	Casing Repair	New Construction	Recomplete	<u></u>	Other CONTINUED
Convert to Injection Phug Back Water Disposal	First About description	Change Plans	Plug and Abandon	Temporarily A	Abandon	
Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereoe If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zone Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 day following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed only after all requirements, including reclamation, have been completed, and the operator had determined that the final site is ready for final inspection.) XTO would like to request continued shut-in status for the above mentioned well. XTO intends to recomplete this well to a different formation and is still in the process of negotiating an agreement with the interest owners. XTO would like to request an additional 6 months to recomplete/produce this well. RCUD JAN 7'10 OIL CONS. DIV. DIST. 3 14. Thereby certify that the foregoing is true and correct Name (Printed Typed) Title RECULATORY ANALYST Date 12/18/09 THIS PACE FOR FEDERAL OR STATE OFFICE USE Approved by Original Signed: Stephen Mason Title Date JAN 0.7 2010 JAN 0.7 2010 Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the papicant holds led are equalable title to those regists in the subject lease which would		Convert to Injection	on Plug Back	Water Dispos		MOI IN BIRHOD
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) I CORRI D BINCHAN Title REQUIATORY ANALYST Signature Onditions 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	recomplete this well to a differe with the interest owners. XIO wo	ent formation and	d is still in the	process of ne	gotiating a recomplete/	n agreement produce this
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) IORRI D BINCHAN Signature Title REGULATORY ANALYST Date 12/18/09 HIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by Original Signed: Stephen Mason Title 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					OIL O	CONS. DIV.
Name (Printed/Typed) IORRI D. BINCHAN Signature Title RECULATORY ANALYST Date 12/18/09 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by Original Signed: Stephen Mason Title Date JAN 0 7 2010 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					D	IST. 3
Signature Date 12/18/09	I hereby certify that the foregoing is true and correct Name (Printed Typed)					
Approved by Original Signed: Stephen Mason 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 Office		A	Title REGULA	TORY ANALYST		
Approved by Original Signed: Stephen Mason 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 Office	Signature	Lan	Date 12/18/09	9		
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		SPACE FOR FED	ERAL OR STATE OF	FICE USE		
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	Approved by Original Signed: Stephen	Mason	Title		Date	IAN (1 7 2010
	the applicant holds legal or equitable title to those rights in the sub		fy that Office			JAN 7 / 1010

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.