Form 3160-5 (August 2007)

entitle the applicant to conduct operations thereon.

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

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

5. Lease Serial No.

| 1 | | | | |
|-------|----|----|---|---|
| NMSF- | 07 | 82 | 1 | 3 |

6. If Indian, Allottee or Tribe Name

| abandoned well. Use For | m 3160-3 (APD) fo | | | | | | |
|--|--|--------------------|------------|---|--|-----------------------------|--|
| SUBMIT IN TRIPLICA | TE - Other instruction | ons on page 2 | KE | GETV | 1711 Unit or C | A/Agreement, Name and/or No | |
| | | | | | I8. Well Name and No. LAS COLINAS #100 | | |
| 2. Name of Operator | | | Form | nington Field | | S #100 | |
| XTO ENERGY INC. | | 1 | Duroou | of Load Man | 2 (9.3 TABI) Well No |). | |
| | a. Address 3b. Phone No. (include area code) | | | | 30-045-31301 | | |
| | 2 CR 3100 AZTEC, NM 87410 505-333-3176 cation of Well (Footage, Sec., T., R., M., or Survey Description) | | | 10. Field and Pool, or Exploratory Area W. KUIZ PICTURED CLIFFS | | | |
| 2005' FNL & 414' FWL SWNW SEC.26(E)-T30N-R13W N.M.P.M. | | | | 11. County or Parish, State | | | |
| | | | | | SAN JUAN | NM | |
| 12. CHECK APPROPRIAT | E BOX(ES) TO IN | DICATE NAT | URE OF N | OTICE, REPO | ORT, OR OTHE | R DATA | |
| TYPE OF SUBMISSION | | | ТҮР | PE OF ACTION | | | |
| X Notice of Intent | Acidize | Deepen | | Production | n (Start/Resume) | Water Shut-Off | |
| | Alter Casing | Fracture | Treat | Reclamati | on | Well Integrity | |
| Subsequent Report | Casing Repair | New Co | nstruction | Recomple | ete | Other | |
| Final Abandonment Notice | Change Plans | Plug and | d Abandon | X Temporar | ily Abandon | | |
| That Abandonment Notice | Convert to Inject | ion Plug Bac | ck | Water Dis | posal | | |
| XTO Energy requests permission to test at 550 psig for 30 minutes. XTO plans to evaluate this well will not be needed. | Following a suc | ccessful pre | ssure te | est the tub | ing will be | pulled. | |
| | | | | | m./n | VD NDV 5'10 | |
| | | | | | | | |
| Notify NMOCD 24 hrs Prior to beginning Operations | | | | | Total Total | l cons. DIV. | |
| operations | Must Com | ply with NM | OCD Rule | es | | | |
| · | 19.15.25.1 19.15.25.1 | .2, 19.15.25 .4 | .13 and | l | | DIST. 3 | |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) TEENA M. WHITING Signature 4 A. | | Title | | | ANCE TECHNI | CIAN | |
| Jella M. Whiles | CODACE FOR TT | | 10/26/20 | | | | |
| | S'SPACE FOR FEI | | ATE OFF | ICE USE | T. | מיחים לי מי עמע | |
| Approved by Original Signed: Stephen N | Mason | Title | | | Da | te NOV 0 3 2010 | |
| Conditions of approval, if any, are attached. Approval of this no the applicant holds legal or equitable title to those rights in the st | tice does not warrant or cer | tify that Office | e | | | | |

AIDAAAA 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,