Form 3160-5 (August 2007)

UNITED STATES ** DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB NO. 1004-0137 Expires July 31, 2010 **BUREAU OF LAND MANAGEMENT**

5. Lease Serial No.

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SUNDRY NOTICES AND REPORTS ON WELLS not use this form for proposals to drill or to re-enter an

	<u> </u>						
		or Tribe	Name				

abandoned well. Use For	n 3160-3 (APD) foi	r such p	enter an roposals.	CEWE		ottee of Tribe (value	
SUBMIT IN TRIPLICATION 1. Type of Well Oil Well X Gas Well Other			ge 2	AN 18 2011	7. If Unit or CA NMNM-73762 NMNM-76376 8. Well Name a		
2. Name of Operator				ington Field (of Land Mana		OM C #1	
XTO ENERGY INC. 3a. Address			e No. (include ai	rea code)	9. API Well No 30-045-077	71	
382 CR 3100 AZTEC, NM 87410 4. Location of Well (Footage, Sec., T., R., M., or Survey 800' FSL & 990' FWL SWSW SEC.	505-333-3176 Description) 25 (M) -T29N-R10W N.M.P.M.			10. Field and Pool, or Exploratory Area BASIN DAKOTA BLANCO MESAVERDE 11. County or Parish, State SAN JUAN NM			
12. CHECK APPROPRIATI	E BOX(ES) TO INI	DICATE	NATURE OF 1	NOTICE, REPO			
TYPE OF SUBMISSION			TY	PE OF ACTION			
Subsequent Report X Subsequent Report	plete horizontally, give sortormed or provide the lifthe operation results in Notices shall be filed or ction.) BAZ) and re-del MIRU AFU. CO file - 6,451' (PBTD tbg.	on lis, including ubsurface Bond No. n a multipally after all ivered	ocations and mean file with BLM e completion or requirements, in this well p. 4,966' to 5	Reclamat Recomple Recomple Temporar Water Di ing date of any prasured and true ver MBIA. Required recompletion in a cluding reclamation of the control of t	rily Abandon sposal roposed work and ertical depths of al subsequent report new interval, a Fo ion, have been con cwing: BP @ 5,010' rg & bit. TII 6,416'. PBTI	pertinent markers and zones shall be filed within 30 day form 3160-4 shall be filed one impleted, and the operator has circ cln. H NC, SN, & 136 D @ 6,451'. RDMO.	
This well was re-delivered as a MV/DK DHC to Enterpris			@ 2:00 pm	1/10/2011.	RCVD JAN 21 '11 DIL CONS. DIV.		
					22.00 22.00 23.00 24.00 26.00)IST. 3	
14. I hereby certify that the foregoing is true and correct							
Name (Printed/Typed) TEFNA M. WHITING		Titl	REGUL	ATORY COMPL	LANCE TECHNI	CIAN	
Signature Jeena M. White	MA	Dat	e 1/14 /	2011			
THI	S SPACE FOR FEE	DERAL C	R STATE OF	FICE USE	AGREPT	ed for record	
Approved by			Title		Da A	N 19 ZUN	
Conditions of approval, if any, are attached. Approval of this not the applicant holds legal or equitable title to those rights in the su entitle the applicant to conduct operations thereon.		ify that	Office			FON FIELD OFFICE	