

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: UNKNOWN	8. Well Name and No. Multiple--See Attached
2. Name of Operator XTO ENERGY INC.	Contact: HOLLY PERKINS E-Mail: Holly_Perkins@xtoenergy.com
3a. Address 2700 FARMINGTON AVE, BLDG K, SUITE 1 FARMINGTON, NM 87401	3b. Phone No. (include area code) Ph: 505.324.1090 Ext: 4020 Fx: 505.564.6700
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Multiple--See Attached	11. County or Parish, and State SAN JUAN COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Surface Commingle
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. 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 days 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 once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

XTO Energy Inc. returned these wells to production through surface commingle @ 1:45 p.m., 7/16/02 (per Surface Commingle Order PC-1054).

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #13226 verified by the BLM Well Information System
For XTO ENERGY INC., sent to the Farmington
Committed to AFMSS for processing by Jim Lovato on 08/20/2002 ()**

Name (Printed/Typed) DARRIN STEED	Title OPERATIONS ENGINEER
Signature (Electronic Submission)	Date 07/31/2002

THIS SPACE FOR FEDERAL OR STATE OFFICE USE ACCEPTED FOR RECORD

Approved By _____	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 entitle the applicant to conduct operations thereon.	Office FARMINGTON FIELD OFFICE

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

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Additional data for EC transaction #13226 that would not fit on the form

Wells/Facilities, continued

Agreement	Lease	Well/Fac Name, Number	API Number	Location
	NMNM03380	FLORANCE 64	30-045-11872	Sec 17 T27N R08W SWSE 970FSL 2370FEL
	NMNM03380	FLORANCE D LS 15	30-045-06450	Sec 17 T27N R08W SESE 1085FSL 1135FEL

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5. Lease Serial No.
NMNM03380

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Multiple--See Attached

2. Name of Operator
XTO ENERGY INC. Contact: HOLLY PERKINS
E-Mail: Holly_Perkins@xtoenergy.com

9. API Well No.
Multiple--See Attached

3a. Address
2700 FARMINGTON AVE, BLDG K, SUITE 1
FARMINGTON, NM 87401

3b. Phone No. (include area code)
Ph: 505.324.1090 Ext: 4020
Fx: 505.564.6700

10. Field and Pool, or Exploratory
MV&DK / PC / MV&DK

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Multiple--See Attached

11. County or Parish, and State
SAN JUAN COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
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<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Subsurface Commingle
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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XTO Energy Inc. requests an amendment to Surface Commingle PC-1054 to include the Florance #64F, per attached documents.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #13373 verified by the BLM Well Information System
For XTO ENERGY INC., sent to the Farmington

Name (Printed/Typed) DARRIN STEED

Title OPERATIONS ENGINEER

Signature (Electronic Submission)

Date 08/15/2002

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By *[Signature]*

Title

AUG 22
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 entitle the applicant to conduct operations thereon.

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	NMNM03380	FLORANCE 64	30-045-11872	Sec 17 T27N R08W SWSE 970FSL 2370FEL
	NMNM03380	FLORANCE 64F	30-045-06450	Sec 17 T27N R08W SESE 1220FSL 910FEL