

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. SF081239	
2. Name of Operator CROSS TIMBERS OPERATING CO.		6. If Indian, Allottee or Tribe Name	
3a. Address 2700 FARMINGTON AVE., BLDG K, SUITE 1 FARMINGTON, NM 87401		7. If Unit or CA/Agreement, Name and/or No.	
3b. Phone No. (include area code) Ph: 505.564.6720		8. Well Name and No. L.C. KELLY 8	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 3 T30N R12W Mer SENE 1460FNL 1005FEL		9. API Well No. 30-045-30665	
		10. Field and Pool, or Exploratory AZTEC PICTURED CLIFFS	
		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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<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 recomplate 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.)

Cross Timbers Operating Company (now operating as XTO Energy Inc.) requests approval for completion of this well to the Aztec Pictured Cliffs (fr/2,178' - 2,197').

SUBMITTAL DATE: 8/8/01

14. I hereby certify that the foregoing is true and correct. Electronic Submission #6321 verified by the BLM Well Information System For CROSS TIMBERS OPERATING CO., sent to the Farmington Committed to AFMSS for processing by Lucy Bee on 08/13/2001 ()	
Name (Printed/Typed) JEFFREY W. PATTON	Title ENGINEER
Signature	Date 08/08/2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date 8/13/01
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 _____

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.

**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****

NMOCD

K

DISTRICT I
P.O. Box 1980, Hobbs, N.M. 88241-1980

DISTRICT II
P.O. Drawer 00, Artesia, N.M. 88211-0719

DISTRICT III
1000 Rio Brazos Rd., Aztec, N.M. 87410

DISTRICT IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number	² Pool Code 71280	³ Pool Name AZTEC PICTURED CLIFFS
⁴ Property Code	⁵ Property Name L. C. KELLY	⁶ Well Number 8
⁷ ORD No. 167067	⁸ Operator Name CROSS TIMBERS OPERATING CO.	⁹ Elevation 5845'

¹⁰ Surface Location

UL or lot no. H	Section 3	Township 30-N	Range 12-W	Lot 14	Feet from the 1460	North/South line NORTH	Feet from the 1005	East/West line EAST	County SAN JUAN
--------------------	--------------	------------------	---------------	--------	-----------------------	---------------------------	-----------------------	------------------------	--------------------

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot 14	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 159.25 NE/4		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16 QTR. CORNER FD. 3 1/2" B.L.M. BC. 1951	S 88-36-45 W 2642.32'	SEC. CORNER FD. 3 1/2" B.L.M. BC. 1951	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief	
			Signature <u>Jeffrey W. Fegioni</u> Printed Name Title <u>DEVELOPMENT ENGINEER</u> Date <u>12/29/03</u>	
LAT. = 36-50-40 N. LONG. = 108-04-49 W.	1480'	316'	18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my skill.	
			Date of Survey <u>12-29-03</u> Signature and Seal of Registered Surveyor 8894 Certificate Number	