

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB NO. 1004-0137
Expires March 31, 2007

OCT 05 2010

HOBBSOCD

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.

5. Lease Serial No.
LC - 031740B
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.
Eunice Monument South Unit

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Eunice Monument #209
South Unit

2. Name of Operator
XTO Energy Inc.

9. API Well No.
30-025-04473

3a. Address
200 N. Loraine, Ste. 800 Midland, TX 79701

3b. Phone No. (include area code)
432-620-4318

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
3233' FNL & 1980' FEL, Sec 4, T21S, R36E (J)

10. Field and Pool, or Exploratory Area
Eunice Monument; Grayburg-San Andres

11. County or Parish, State
Lea 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 <u>Convert TA'd</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Injection Well to</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Active Producer</u>

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 recompleate horizontally, give subsurface locations and measurd 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 recompleation 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 final site is ready for final inspection.)

- 9/12/06 - MIRU PU - RIH w/4-34" bit, BS, 6 - 3-1/2" DC's, x/o & 19 jts of 2 -7/8" WS, RU stripper head and pwr swivel
- 9/13/06 - DO CIBP @ 3613', RIH w/2-7/8" WS, DO fill to 3830' circ hole clean, POOH and RD rev unit
- 9/14/06 - PU sonic hammer tool RIH w/115 jts of 2-7/8", 6.5#, N-80, EUE, 8rd, WS, left tbg & tool swinging free @3600', MI & set half pit
- 9/15/06 - RU acidzing service - sonic hammered open hole w/5000gls of 20%HCL flushed w/30BFW,
- 9/20/06 - POOH w/tbg, LD sonic hammer tool, PU 5-1/2" pkr RIH w/tbg to 3600', left tbg & pkr swinging free
- 9/21/06 - RIH & set pkr @3625' - chem squeeze w/rock salt - RD and will leave well SI for 24 hrs
- 9/22/06 - Re1 pkg, POOH w/tbg, LD WS & pkr
- 9/23/06 - RU spoolers, RIH w/ESP ubase, ESP 80hp, 1310v, 39a mtr, lower seal section, adaptor, upper seal section, gas separator, 2-sub pumps, SN, 55' -#6 FL mtr lead cable & 10jts 2-7/8", 6.5# J-55, EUE, 8rd new tbg.
- 9/24/06 - Fin RIH w/3800' for #4 flat cable on 103 jts of 2-7/8", 6.5#, J-55, EUE, 8rd new tbg, PI @ 3601' ND BOP, NU WH RD spoolers
- 9/26/06 - RDMO PU - hooked up flowline.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)
Patty Urias

Title
Regulatory Analyst

Patty Urias

Date 432-620-4318

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

ECG 11-9-10

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 entitle the applicant to conduct operations thereon.

Office