

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oils & Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
BIA NO. 1004-0135
Expires: November 30, 2000
Lease Serial No.
100 80967

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 Injection		6. If Indian, Allottee or Tribe Name
2. Name of Operator XTO Energy Inc.		7. If Unit or CA/Agreement, Name and/or No. NNM 71040 A
3a. Address 3000 N. Garfield, Suite 175 Midland, Texas 79705	3b. Phone No. (include area code) 915/682-8873	8. Well Name and No. SEMGSAU #102
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 660' FEL, Sec. 30, T17S, R33E, Unit Ltr I		9. API Well No. 30-025-08337
		10. Field and Pool, or Exploratory Area Maljamar Grayburg San Andres
		11. County or Parish, State Lea Co. 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 checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input 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 recompleat 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 recompleat 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.)

1/3/02 - 1/11/02 MI & RU well service unit. ND WH & RU BOP. POH w/injection equipment & 2-3/8" tubing and packer. Dug around wellhead and found hole in 5-1/2" casing @ surface. Removed WH from 5-1/2" casing & welded hole in casing. Dropped a 27" length of 6-5/8" csg over 5-1/2" and welded both ends. Tstd 5-1/2" csg & BOP to 500 psig, held OK for 30". TTH w/4-3/4" bit & 5-1/2" csg scraper on 2-3/8" WS. Cleaned out scale from 3597-4302' (new PBTD). Circ hole clean. Acidized perfs 4114-4226' w/5040 gals 15% NEFE HCl slick acid & 6552 gals treated FW. RU swab & swabbed well down. RD swab. RIH w/pkr and 2-3/8" tubing. Set tbq and packer @ 3,560'. E. L. Gonzales, OCD representative, was notified to witness MI test but test was not witnessed. Ran successful test and placed well back on injection at 175 BWPD w/TP 0 psig. RDMD FU. Well returned to active status. Original chart sent to OCD/Hobbs. Copy attached.

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

Janice Courtney

Title

Regulatory Tech

Date

1/25/2002

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

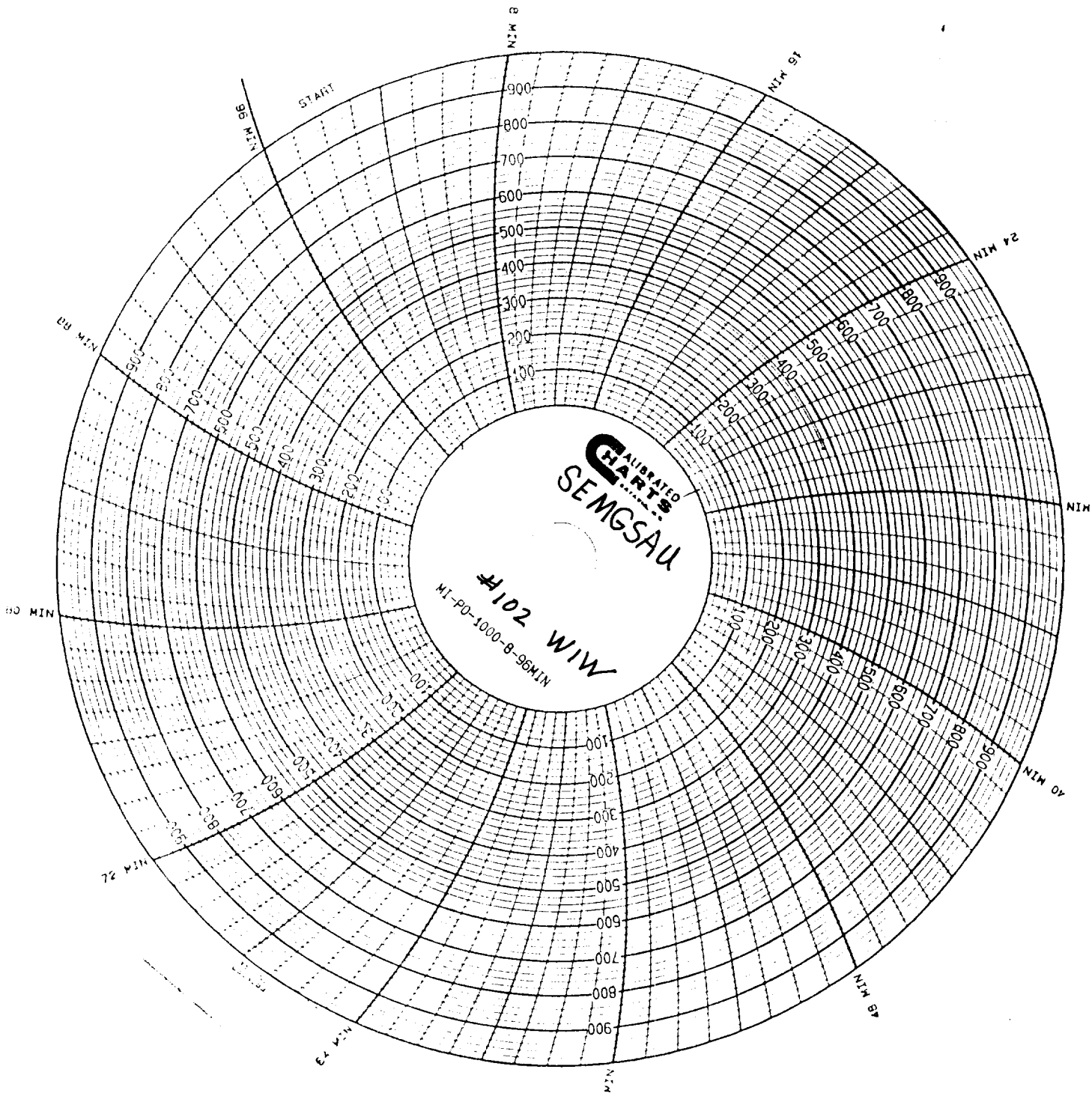
Date

Conditions of approval, if any, shall be stated here. A signature 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

2002 JUN 28 AM 10:04
RECEIVED

100 3 100



Company: XIO ENERGY
 Lease: SEWIS AL
 Date of Test: 01/14/02
 Packer: make Baker model J-Lok
 Tubing Pressure: 0 min 0 15 min 0 30 min 0
 Casing Pressure: 0 min 0 15 min 0 30 min 0
 Surt Csg Pressure: 0 min 0 15 min 0 30 min 0
 lb spring 0
 Service Company: Trucking
 Driver/Supervision: DATA
 Company Representative: DATA
 RRC Required: Y N
 Well No.: 102
 depth 3560'
 hr chart 0
 hr close 0
 Witnessed by RRC: Y

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