Form 3160-5 (August 2007)

### **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

**OCD** Artesia

FORM APPROVED OMB NO. 1004-0135

| Expires: July 3  |  |
|------------------|--|
| Lease Serial No. |  |
| NMNM01119        |  |

5.

| 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      |

| abandoned well. Use form 3160-3 (APD) for such proposals.  SUBMIT IN TRIPLICATE - Other instructions on reverse side.  |   |                                 |   |                    |  | 6. If Indian, Allottee or Tribe Name                  |                  |  |  |
|--|---|---------------------------------|---|--------------------|--|---|------------------|--|--|
|  |   |                                 |   |                    |  | 7. If Unit or CA/Agreement, Name and/or No.           |                  |  |  |
| 1. Type of Well  |   |                                 |   |                    |  | 8. Well Name and No.<br>AVALON DELAWARE CTB SEE BELOW |                  |  |  |
| 2. Name of Operator Contact: PATTY URIAS XTO ENERGY INC. E-Mail: patty_urias@xtoenergy.com   |   |                                 |   |                    |  | 9. API Well N   | No.              | ······································       |  |
| 3a. Address<br>200 N. LORAINE, SUITE 800<br>MIDLAND, TX 79701  | 3b. Phone No. (include area code) Ph: 432-620-4318 Fx: 432-618-3530   |                                 |   |                    | 10. Field and Pool, or Exploratory<br>AVALON; DELAWARE |   |                  |  |  |
| 4. Location of Well (Footage, Sec.,  | i) .  |                                 |   |                    | 11. County or Parish, and State                        |   |                  |  |  |
| Sec 31 T20S R28E Mer NMF   |   |                                 |   |                    | EDDY COUNTY COUNTY, NM                                 |   |                  |  |  |
| 12. CHECK APP  | ROPRIATE BOX(ES) TO   | O INDICATE                      | NATURE  | OF N               | IOTICE, RE   | PORT, OR  | ОТНЕ             | R DATA                                       |  |
| TYPE OF SUBMISSION   |   | TYPE OF ACTION                  |   |                    |  |   |                  |  |  |
| Alatics of Intent  | ☐ Acidize   | ☐ Deepen ☐                      |   | ☐ Producti         | uction (Start/Resume)                                  |   | ■ Water Shut-Off |  |  |
| Notice of Intent   | ☐ Alter Casing  | ☐ Frac                          | cture Treat                                   |                    | ☐ Reclama  | tion  |                  | Well Integrity                               |  |
| ☐ Subsequent Report  | □ Casing Repair   | □ Nev                           | v Constructio                                 | on                 | □ Recomp   | lete  |                  | Other  |  |
| ☐ Final Abandonment Notice   | ☐ Change Plans  | □ Plug                          | g and Abando                                  | on                 | ☐ Tempora  | ırily Abandon   |                  | Venting and/or Flari                         |  |
|  | Convert to Injection  | 🗖 Plug                          | Plug Back                                     |                    | ■ Water Disposal                                       |   |                  | · · · · · ·                                  |  |
| Attach the Bond under which the wo following completion of the involve testing has been completed. Final A determined that the site is ready for the AVALON DELAWARE CENT ASSOCIATED WELLS:  AVALON DELAWARE UNIT AVALON DE | #501 30-015-24331<br>#503 30-015-24331<br>#503 30-015-28594<br>#505 30-015-28677<br>#509 30-015-24332-1<br>#511 30-015-24332-1<br>#511 30-015-24524-1<br>#515 30-015-24524-1<br>#516 30-015-24565 | SUBJE                           | le completion or requirements,  U  DEZ THIS : | or recordincludi   | mpletion in a n ng reclamation                         | ECEINMAR 2.6  COCD AR                                 | VEC<br>2014      | 0-4 shall be filed once and the operator has |  |
| 14. I hereby certify that the foregoing is  Name (Printed/Typed) PATTY U   | Electronic Submission #:<br>For XTO<br>Committed to AFMSS for   | ENERGY INC                      | , sent to the JOHNNY D                        | e Carls            | sbad   | 6/2013 ()   |                  |  |  |
| Signature (Electronic  | Submission)   | :                               | Date 10,                                      | /30/20             | 113  |   | ٠                |  |  |
|  | THIS SPACE FO   | R FEDERA                        | L OR ST                                       | \ <del>TE</del> -€ | FFICE US   | E<br>QVED   |                  |  |  |
| Approved By MM4  | Stoles  |                                 | Title   |                    | ALTRI  | JVED  |                  | Date   |  |
| Conditions of approval, if any tre attache certify that the applicant holds legal or eq which would chille the applicant to conditions.  | uitable title to those rights in the  | not warrant or<br>subject lease | Office  |                    | MAR 18   | 2014  |                  |  |  |

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 jurisdictions of the United CADI 6200 Figure 1.

# Additional data for EC transaction #224838 that would not fit on the form

## 32. Additional remarks, continued

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AVALON DELAWARE UNIT #517 30-015-24337 / AVALON DELAWARE UNIT #520 30-015-28664 , AVALON DELAWARE UNIT #522 30-015-02434 / AVALON DELAWARE UNIT #523 30-015-28910 / AVALON DELAWARE UNIT #530 30-015-24335 / AVALON DELAWARE UNIT #533 30-015-24525 / AVALON DELAWARE UNIT #536 30-015-24525 / AVALON DELAWARE UNIT #537 30-015-28682 / AVALON DELAWARE UNIT #540 30-015-24386 / AVALON DELAWARE UNIT #542 30-015-24386 / AVALON DELAWARE UNIT #542 30-015-24386 / AVALON DELAWARE UNIT #546 30-015-24373 / AVALON DELAWARE UNIT #548 30-015-24373 / AVALON DELAWARE UNIT #568 30-015-24377 / AVALON DELAWARE UNIT #568 30-015-24377 / AVALON DELAWARE UNIT #570 30-015-28666 / AVALON DELAWARE UNIT #571 30-015-28668 / AVALON DELAWARE UNIT #571 30-015-2404
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Due to problems at DCP plant we are flaring at our Avalon Delaware Unit CTB as of 9:00am New Mexico time on 10/29/13 approx. 244mcfd.

# BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

# 3/18/2014 Approved subject to Conditions of Approval. JDB

# Condition of Approval to Flare Gas

# From date of receipt

- 1. Report all volumes on OGOR reports.
- 2. Comply with NTL-4A requirements
- 3. Subject to like approval from NMOCD
- 4. Flared volumes will still require payment of royalties
- 5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
- 6. This approval does not authorize any additional surface disturbance.
- 7. Submit updated facility diagram as per Onshore Order #3.
- 8. Approval not to exceed 90 days for date of approval.
- 9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
- 10. If flaring is still required past 90 days submit new request for approval.
- 11. If a portable unit is used to flare gas it must be monitored at all times.
- 12. Comply with any restrictions or regulations when on State or Fee surface.

**JDB**