Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMNM99147

SUNDRY NOTICES AND REPORTS ON Do not use this form for proposals to drill or abandoned well. Use Form 3160-3 (APD) for s	to re-enter an
SUBMIT IN TRIPLICATE - Other instructions on p	age 2 7. If Unit of CA/Agreement, Name and/or No.
1. Type of Well Oil Well Gas Well Other	8. Well Name and No. Mescal 22 Federal 4H
2. Name of Operator XTO ENERGY INC.	9. API Well No. 30-015-42157
3a. Address 6401 Holiday Hill Rd Bldg#5 3b. Phone N Midland, Texas 79707 (432) 571-3	(o. (include area code) 10. Field and Pool or Exploratory Area
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1800FNL & 300 FWL SEC 22, T25S, 29E	11. Country or Parish, State Eddy, NM
2050 190FEL 12. CHECK THE APPROPRIATE BOX(ES) TO	INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
Notice of Intent Alter Casing Hy Subsequent Report Casing Repair No	Production (Start/Resume) Water Shut-Off ydraulic Fracturing Reclamation Well Integrity ew Construction Recomplete Other ug and Abandon Temporarily Abandon
completed. Final Abandonment Notices must be filed only after all requirements ready for final inspection.)	completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been tents, including reclamation, have been completed and the operator has detennined that the site and restrictions concerning operations conducted on the leased land or portion of
Bond Coverage: UT888 U TB000138 Effective Date of change: February 1, 2018 Previous Operator: COG Operating LLC 4-5-18 Accepted for record - NMOCD	MM OIL CONSERVATION ARTESIA DISTRICT APR 0 5 2018 RECEIVED
14. I hereby certify that the foregoing is true and correct. Name (<i>Printed/Typed</i>) PATRICIA DONALD	Regulatory Analyst Title
Signature HUUU UGNALA	Date 03/13/2018
THE SPACE FOR FEDERAL OR STATE OFICE USE	
Approved by Walls	Title PE Date 3/30/19
Conditions of approval, if any, are attached. Approval of this notice does not want certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.	

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.

BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE

620 E. Greene St Carlsbad, NM 88220 Ph: (575) 234-5972

Conditions of Approval for Change of Operator

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method within 60 days, if changes have been made from previously approved disposal method.
- 3. Review facility diagram on file, and submit updated facility diagrams, as per Onshore Order #3 within 60 day.
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.
- 8. All Reporting to ONRR (OGOR Reports) must be brought current within 30 days of this approval including any past history.
- 9. If this well is incapable of producing in paying quantities submit NOI to plug and
- abandon this well or obtain approval to do otherwise within 90 days.

 10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.
- 11. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.