

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**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.  
NMNM15302

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

CORRAL CANYON FEDERAL COM 15H

2. Name of Operator  
XTO ENERGY INCORPORATEDContact: PATRICIA DONALD  
E-Mail: PATRICIA\_DONALD@XTOENERGY.COM

9. API Well No.

30-015-42927-00-X1

3a. Address  
6401 HOLIDAY HILL ROAD BLDG 5  
MIDLAND, TX 797073b. Phone No. (include area code)  
Ph: 432-571-822010. Field and Pool or Exploratory Area  
CORRAL CANYON  
WILLOW LAKE-BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 5 T25S R29E SWSE 170FSL 2260FEL  
32.152431 N Lat, 104.005343 W Lon

11. County or Parish, State

EDDY COUNTY, NM

**12. CHECK THE 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"/> Hydraulic Fracturing	<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 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 checked="" 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

XTO ENERGY, INC. RESPECTFULLY SUBMITS WATER DISPOSAL INFORMATION ON THE ABOVE REFERENCED WELL PURSUANT TO ONSHORE ORDER 7:

1. NAME OF FORMATION PRODUCING WATER: BONE SPRING ✓

2. AMOUNT OF WATER PRODUCED IN BBLS/DAY: 2500 BBLS/DAY ✓

3. HOW IS WATER STORED ON LEASE: FIBERGLASS TANKS ✓

4. HOW WATER IS MOVED TO DISPOSAL FACILITY: VIA FLOWLINES FROM THE CORRAL CANYON CTB TO THE GOLDENCHILD SWD ROWNM 134397

5. DISPOSAL FACILITY:

A. FACILITY OPERATOR NAME: XTO ENERGY INC.

B. NAME OF FACILITY/ WELL NAME &amp; NUMBER: GOLDENCHILD 6 STATE SWD#1(30-015-41846) ✓

C. TYPE OF FACILITY: SWD

D. LOCATION: SEC 6, T25S, R23, SENE

**Accepted For Record**  
**NMOCD** *dy*SWD-1458-A

14. I hereby certify that the foregoing is true and correct.

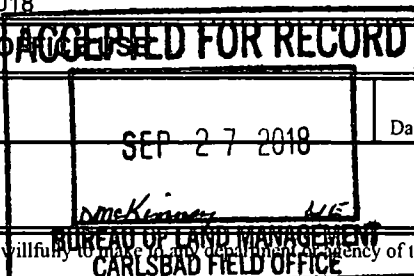
Electronic Submission #437121 verified by the BLM Well Information System  
For XTO ENERGY INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by DEBORAH MCKINNEY on 09/27/2018 (18DLM0754SE)

Name (Printed/Typed) PATRICIA DONALD

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 09/26/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICIALS**

Approved By \_\_\_\_\_

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 \_\_\_\_\_

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.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

**Additional data for EC transaction #437121 that would not fit on the form**

**32. Additional remarks, continued**

6. ADDITIONAL INFORMATION: ✓

A.SWD ORDER NUMBER: SWD1458A; STATE WELL