

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0554223
2. Name of Operator XTO ENERGY INCORPORATED		6. If Indian, Allottee or Tribe Name
Contact: PATTY R URIAS E-Mail: patty_urias@xtoenergy.com		7. If Unit or CA/Agreement, Name and/or No. 891014168X
3a. Address 200 LORRAINE SUITE 800 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-620-4318 Fx: 432-618-3530	8. Well Name and No. Multiple--See Attached
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Multiple--See Attached		9. API Well No. Multiple--See Attached
		10. Field and Pool, or Exploratory NASH DRAW
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

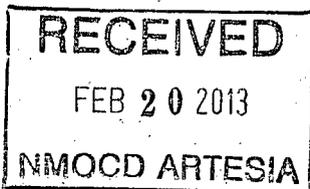
TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture-Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Recomplete
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Venting and/or Flaring
	<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 site is ready for final inspection.)

NASH 56 BATTERY

ASSOCIATED WELLS:

Nash Unit 56 - API#30-015-38992  
Nash Unit 57 - API#30-015-39303  
Nash Unit 58 - API#30-015-39304



SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

DCP is unable to handle all our sales gas when the line pressure gets too high. We are flaring intermittently and will submit a subsequent sundry each month showing total gas flared for that month.

*Accepted for record*  
NMOCD  
*2/21/13*

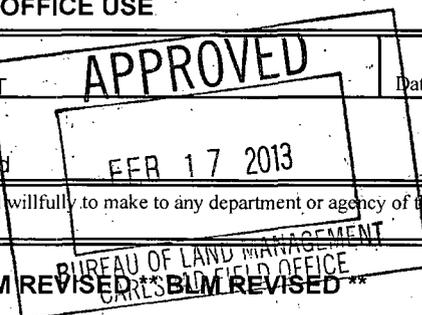
14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #182618 verified by the BLM Well Information System  
For XTO ENERGY INCORPORATED, sent to the Carlsbad  
Committed to AFMSS for processing by KURT SIMMONS on 01/16/2013 (13KMS4448SE)**

Name (Printed/Typed) PATTY R URIAS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 01/14/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>JERRY BLAKLEY</u>	Title <u>LEAD PET</u>	Date <u>02/17/2013</u>
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 Carlsbad		



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.

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

**Additional data for EC transaction #182618 that would not fit on the form**

**Wells/Facilities, continued**

<b>Agreement</b>	<b>Lease</b>	<b>Well/Fac Name, Number</b>	<b>API Number</b>	<b>Location</b>
NMNM70992X	NMNM0554223	NASH UNIT 56H	30-015-38992-00-S1	Sec 14 T23S R29E SENE 1940FNL 370FEL
NMNM70992X	NMNM0554223	NASH UNIT 57H	30-015-39303-00-S1	Sec 14 T23S R29E NESE 1700FSL 350FEL
NMNM70992X	NMNM0554223	NASH UNIT 58H	30-015-39304-00-S1	Sec 14 T23S R29E NESE 1650FSL 350FEL

**32. Additional remarks, continued**

This is per our telephone conversation with Duncan Whitlock on 1/14/13.

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

Nash Unit  
NM0554223  
XTO Energy Inc.  
2/17/2013

### **Condition of Approval to Flare Gas**

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.
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 with actual volumes of gas flared for each month gas is flared.