

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCĐ 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. NMNM 006808

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** - Other instructions on page 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. JRU 21 SWD 1

2. Name of Operator XTO Permian Operating, LLC

9. API Well No. 30-015-41074

3a. Address 6401 Holiday Hill Road, Building 5  
Midland, Tx 79707

3b. Phone No. (include area code)  
(832) 871-7461

10. Field and Pool or Exploratory Area  
(96101) SWD, Devonian

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 21 T 22S R 30E SENE 1508 FNL 1926 FEL

11. Country 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 checked="" 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 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 checked="" 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 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 Permian Operating, LLC respectfully requests access to pasture soils represented within the attached file to remediate the open spill file 2RP-2267. A closure report will be submitted following confirmation soil sampling. The excavation will be then backfilled and reclaimed with the recommended top soil after OCD and BLM approval.

RECEIVED

GC 11/6/19  
Accepted for record - NMOCD

NOV 05 2019

DISTRICT/ARTESIAO.C.D.

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

Adrian Baker

SHE Coordinator

Title

Signature

Date

10/29/2019

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

SALT

Date

10-30-19

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

CFO

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.