

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB NO. 1004-0137
Expires March 31, 2007

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.

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SUBMIT IN TRIPLICATE - Other instructions on reverse side

1 Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		MAR 12 2008	SWD
2 Name of Operator XTO Energy Inc.		OCD-ARTESIA	
3a Address 200 N. Loraine, Ste. 800 Midland, TX 79701	3b Phone No. (include area code) 432.620.6709		
4 Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Ltr: B 510 feet from the North line & 1580 feet from the East line. Section: 19 Township: 23S Range 30E		7. If Unit or CA/Agreement, Name and/or No 8. Well Name and No Remuda Basin 19 Federal #2 SWD 9. API Well No. 30-015-28901 10 Field and Pool, or Exploratory Area SWD; Bell Canyon 11 County or Parish, State Eddy 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"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input checked="" type="checkbox"/> Fracture Treat	<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 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 final site is ready for final inspection.)

Objective: Frac Bell Canyon interval from 3402-3912.

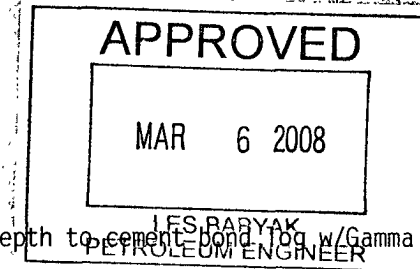
1. MIRU PU. Release 5 1/2" pkr. TOH w/pkr & 2 7/8" 20 IPC inj tbq.

2. TIH w/ WS & bit to PBD, 6470'. TOH w/WS & bit.

3. RU WL. RIH w/WL & set composite bridge plug @ +/- 3950'. Correlate depth to cement bond log w/Gamma Ray/ran on Dec 2000. POH w/ WL.

4. RU Isolation Tool. Frac Delaware interval (3402-3912) w/ 3500 gal 7.5% NEFE acid, 85,400 gals 30# linear gel & 42,700 gallons of 40# linear gel carrying 11400 lbs 14/30 LiteProp 125, 62,650 lbs 16/30 white sand & 21,000 lbs 16/30 Super LC sand @ 60 BPM. During frac attempt to maintain 60 BPM but stay below maximum pressure of 3500 psi. Flush 1 bbl short of top per (78 bbl) w/40# Linear Gel. After pumping, shut down & obtain 5, 10, 15 min pressures. RD isolation tool.

See Attached

SUBJECT FOR DIS
APPROVAL BY STATEAPPROVED FOR 3 MONTH PERIOD
ENDING JUN 6 2008

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Sherry Pack	Title Regulatory Analyst
Sherry Pack	Date 2/20/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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	



Remuda Basin 19 Federal #2 SWD
API 30-015-28901
Form 3160-53 cont'd

5. SD for a minimum of 2 hours to allow for setting of RC sand.
6. Open well & to flow off pressure if necessary.
7. RU foam unit. TIH w/ WS & bit to composite bridge plug @ +/- 3950'. Drill out composite bridge plug and continue in hole to PBTD to ensure that no sand is present from frac treatment. POH w/ WS & bit. Lay down WS
8. TIH w/ Loc-Set packer & 2 7/8" J-55 IPC tbg to +/- 3325'. Test tbg in hole to 5000 psi. Circulate packer fluid. Set packer @ +/- 3325'.
9. ND BOP. NU WH. Notify NM OCD of MIT. Perform MIT test.
10. RD PU. Return Well to SWD status.