

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
**XTO Energy Inc.**

3a. Address  
**200 N. Loraine, Ste. 800 Midland, TX 79701**

3b. Phone No. (include area code)  
**432-620-6714**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**SHL: 350 FSL & 680 FEL, UL P, Sec 31, T23S, R32E**  
**EHL: 213 FNL & 364 FEL, UL A, Sec 31, T23S, R32E**

MAY 21 2014

RECEIVED

5. Lease Serial No.  
**NM-18848**

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
**SDE 31 FEDERAL 18h**

9. API Well No.  
**30-025-40460**

10. Field and Pool, or Exploratory Area  
**Sand Dunes; Bone Spring, S**

11. County or Parish, State  
**Lea NM**

12. CHECK 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"/> Fracture Treat              | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input checked="" 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 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplate 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.)

01/02/2014: RIH w/ CNL/CBL logging tool, TOC: 2860'. Secure well.  
 01/06/2014: RU CTU. CO for frac, RIH w/opti-port assy on CTU.  
 01/07-01/10/2014: Frac 2nd Bone Spring using cemented optiport frac sleeves (28: 10,957-15,050') and CT. Frac each stage w/100,000# 20/40 sand. Total: 2.9MM# 20/40 sand, 48000bbls FW, 270bbls 15% HCl Acid.  
 01/11/2014: CO well to 15,100, RDMO CTU.  
 01/13/2014: MIRU WL, set tbg & 7" pkr @ 10,070'. Waiting on electrical connections for ESP.

ACCEPTED FOR RECORD

MAY 13 2014

*J. [Signature]*

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

*MRS/PCS 5/22/2014*

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

Name (Printed/Typed) **Stephanie Rabadue** Title **Regulatory Analyst**

*Stephanie Rabadue* Date **02/13/2014**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Office \_\_\_\_\_

MAY 22 2014