

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM - 62666 LC 031740B
2. Name of Operator XTO Energy Inc.		6. If Indian, Allottee or Tribe Name
3a. Address 200 LORAIN, STE. 800 MIDLAND, TX 79701	3b. Phone No. (include area code) 432-620-6740	7. If Unit or CA/Agreement, Name and/or No. NM 70948 A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 560 Feet from the North line and 2015 Feet from the West line; Unit Letter C, Section 18, T-21-S, R-36-E, NMPM, Lea County, New Mexico		8. Well Name and No. EUNICE MONUMENT 371 SOUTH UNIT
		9. API Well No. 30-025-29966
		10. Field and Pool, or Exploratory Area EUNICE MONUMENT; GRAYBURG-SAN ANDRES
		11. County or Parish, State LEA NM

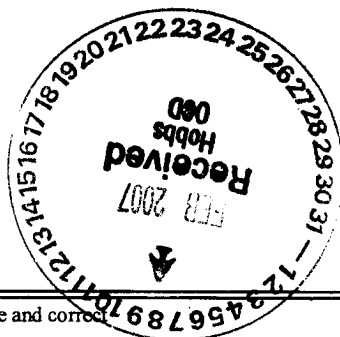
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Extend TA</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Status</u>
	<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 recomple 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 recomple 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.)

MIT TEST OK....CHART ATTACHED. TEST WAS PERFORMED ON 12/08/05.

XTO is currently evaluating this well and at this time would like to request an extension of the TA Status until this evaluation can be completed.



APPROVED FOR 12 MONTH PERIOD
ENDING 1/8/08

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kristy Ward		Title Regulatory Analyst
Date 01/08/07		APPROVED Date FEB 5 2007 WESLEY W. INGRAM DEPT. OF THE INTERIOR
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved by <i>Kristy Ward</i>	Title	
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	

