

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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection</u>		5. Lease Serial No. NMLC030143B
2. Name of Operator XTO Energy Inc.		6. If Indian, Allottee or Tribe Name
3a. Address 200 N. Loraine, Ste. 800 Midland, TX 79701	3b. Phone No. (include area code) 432-620-6740	7. If Unit or CA/Agreement, Name and/or No. Unit - B NM 70948 B on
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 330' FEL Unit Ltr. I, Section 23, T-20-S, R-36-E		8. Well Name and No. Eunice Monument South Unit B #914
		9. API Well No. 30-025-04298
		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>Acid</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Stimulation</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 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.)

1/16/07 MIRU PU. ND WH. NU B OP. RU Scanalog trk. POOH w/117 jts of 2-3/8" IPC tbq. Scanalog showed 46 jts YB, 70 jts BB & 1 jt GB. LD GB jt & pkr. PU & RIH w/132 jts of 2-7/8" XTO WS. Tagged @ 4,219'. POOH w/tbg. RU pmp trk on csg. Dumped 2,250# of 100 mesh sd dwn csg while slowly pmpg down prod csg.

1/18/07 RU WL trk. RIH w/WL & tagged fill @ 4,200'. POOH w/WL. Dumped another 2,250# of sd dwn csg while pmpg dwn prod csg. RIBH w/WL. Tagged filled @ 3,980' w/sd still falling. POOH w/WL.

1/19/07 RU WL trk. RIH w/WL & tagged sd @ 3,908'. POOH w/WL. PU Sonic Hammer tool. RIH on EOT to 3900'. RU pmp trk on tbq. Washed sd OOH to 4,050' circ to 1/2 pit. POOH w/tbg. RIBH & capped off sd w/5 sx of class "c" cmt. Top of cmt is @ 4,010'. POOH w/WL. RIH w/2-7/8" tbq & tool to 3,738'. RU acidizing well service. Sonic hammer washed open hole from 3,738' to 3,978' w/275 bbls of 9# brine wtr while circ to rev pit. Sonic hammered open hole w/4,000 gals of 15% 90/10 hcl. Flushed acid to btm w/25 bw. Dropped ball to shear sleeve in tool. RD acidizing crew.

Cont'd. on next page.

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

Kristy Ward

Title

Regulatory Analyst

Date 6/18/07

AUG 5 2007

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Gary W. Wink

Title

OC FIELD REPRESENTATIVE II / STATE MANAGER

Office

CARLSBAD FIELD OFFICE

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.

**Eunice Monument So. Unit B #914**

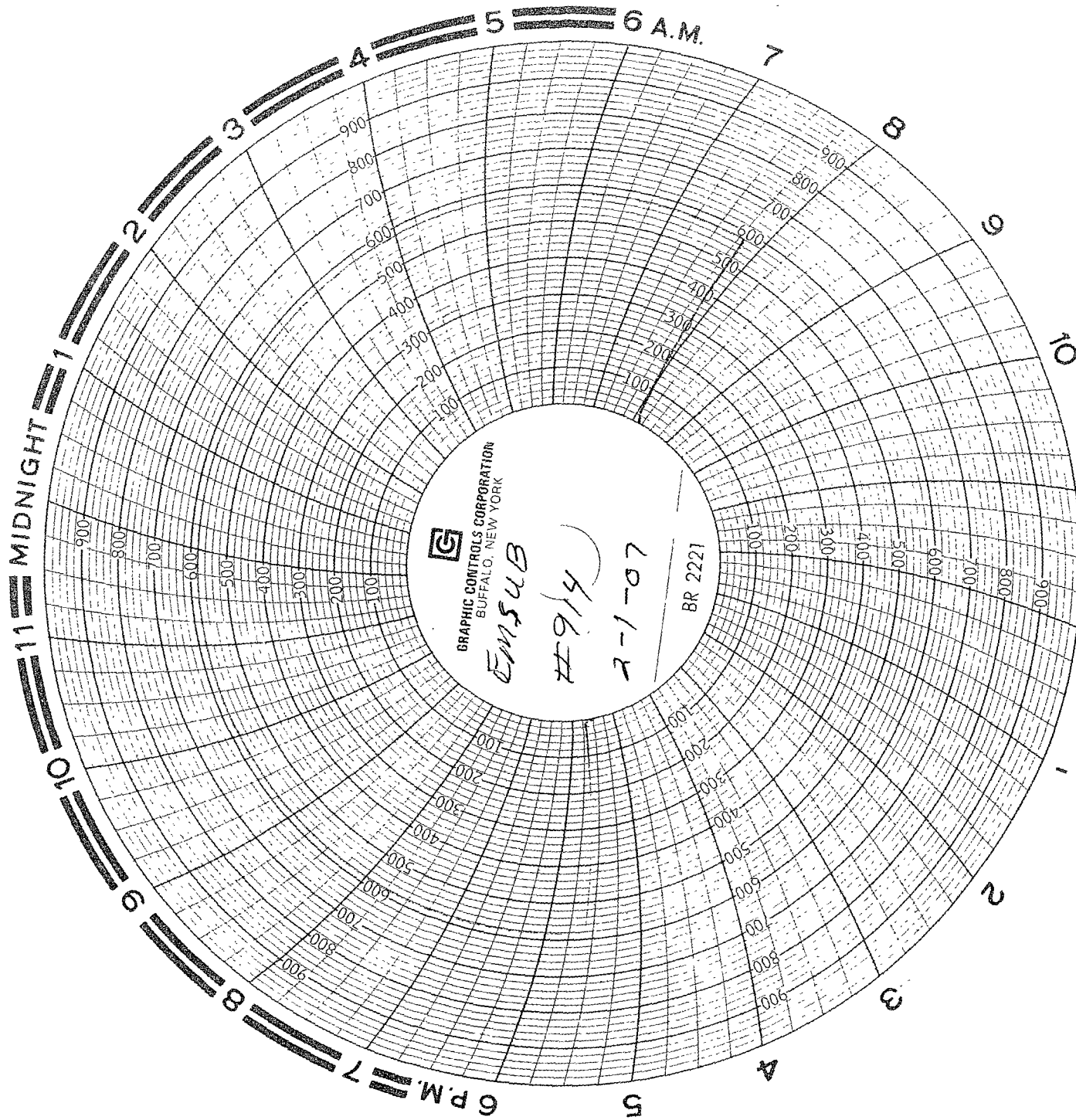
**Acid Stimulation Cont'd.**

**Page 2**

1/25/07 RU swab equip. Made 23 runs. POOH w/tbg. LD XTO 2-7/8" WS & sonic hammer tool. RIH w/2-3/8" WL entry guide w/pmp out plug, 5-1/2" BJ1X pkr w/T-2 on/off tool w/1.781 F SS nipple on 117 jts of 2-3/8", 4.7#, J-55, EUE, 8rd IPC tbg. Set 5-1/2" pkr @ 3,657' & rel on/off tool. RU pmp trk & frac tank. Circ. Hole w/100 BW w/42 gals Champion pkr fluid. ND BOP. NU WH. Press 5-1/2" TCA to 500 psig for 30" & performed MIT test for NMOCD & BLM. RDMO PU. RWTI.

MIT Chart Attached.





1000  
EMERGENCY - EMBL 8 #0014  
D2.01.01.01  
SERIAL 2406RMB  
KEY #012  
TIR #01111728.1302401  
LST. CAL. 1111110102  
TB 0 PSI  
SURFACE 0 PSI  
IMB. 0 PSI  
CASING 0 PSI

88

