

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTRECEIVED
MAY 05 2009
HOBBSOCDFORM APPROVED
OMB NO 1004-0137
Expires March 31, 2007SUNDRY 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-1151
2 Name of Operator XT0 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-70948B
4 Location of Well (Footage, Sec., T., R., M., or Survey Description) 660 Feet from the South line and 2310 Feet from the West line; Unit Letter N, Section 14, T-20-S, R-36-E, NMPM, Lea County, New Mexico		8 Well Name and No EUNICE MONUMENT 888 SOUTH UNIT B
		9 API Well No. 30-025-04273
		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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" 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.)

04/9/09 MIRU P&A Unit. NDWH. NU BOP. Rack 120 jts 2-7/8" L-80 tbg. PU & RIH w/2-7/8" L-80 tbg & tag CIBP @ 3,655'.

04/10/09 Shut down due to high winds.

04/14/09 RU Key WS pmp equipment, circ TCA w/80 bbls drlg mud. Spot 55 sks Class "C" w/2% CaCl @ 3,655'. POOH w/2-7/8" L-80 tbg & WOC 4 hrs. RIH & tag cmt plug @ 3,097'. (BLM required TOC @ 3,075') RU pmp equipment & spot 10 sks class "C" w/2% CaCl @ 3,097'. POOH, wash up pmp equipment.

04/15/09 RIH w/2-7/8" L-80 tbg & tag cmt plug @ 3,068'. PUH & spot 50 sks Class "C" w/2% CaCl @ 2,623'. POOH. RIH & tag cmt plug @ 2,088'. PUH & spot 50 sks Class "C" w/2% CaCl @ 1,490'. POOH w/2-7/8" tbg. CWI, wash up pmp equipment.

04/16/09 RIH w/2-7/8" L-80 tbg & tag cmt plug @ 963'. PUH w/2-7/8" tbg. RU pump equipment, spot surface plug in 5-1/2" csg @ 421' w/42 sks Class "C". POOH LD 12 jts tbg, ND BOP, top off 5-1/2" csg to surface. Wash up pump equipment. RDMO P&A unit. Waiting on dry hole marker to be built.

Approved as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

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

Kristy Ward

Title

Regulatory Analyst

Date 04/21/09

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

DISTRICT 1 SUPERVISOR

Office

APPROVED

MAY Date 2009

JAMES A. AMOS
SUPERVISOR EPS

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

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 88201
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144 CLEZ
July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☒ Permit ☒ Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1. Operator: XTO Energy, Inc. OGRID #: 005380
Address: 200 N. Loraine, Ste. 800 Midland, TX 79705
Facility or well name: Eunice Monument South Unit B #888
API Number: 30-025-04273 OCD Permit Number: PI-00899
U/L or Qtr/Qtr N Section 14 Township T-20S Range R-36E County Lea
Center of Proposed Design: Latitude _____ Longitude _____ NAD: ☐ 1927 ☐ 1983
Surface Owner: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

2. ☒ **Closed-loop System:** Subsection H of 19.15.17.11 NMAC
Operation: ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☒ P&A
☒ Above Ground Steel Tanks or ☐ Haul-off Bins

3. **Signs:** Subsection C of 19.15.17.11 NMAC
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
☒ Signed in compliance with 19.15.3.103 NMAC

4. **Closed-loop Systems Permit Application Attachment Checklist:** Subsection B of 19.15.17.9 NMAC
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.
☒ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
☒ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
☒ Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
☐ Previously Approved Design (attach copy of design) API Number: _____
☐ Previously Approved Operating and Maintenance Plan API Number: _____

5. **Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:** (19.15.17.13.D NMAC)
Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.
Disposal Facility Name: Sundance Services, Inc. Disposal Facility Permit Number: NM-01-0003
Disposal Facility Name: _____ Disposal Facility Permit Number: _____
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?
☐ Yes (If yes, please provide the information below) ☒ No
Required for impacted areas which will not be used for future service and operations:
☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

6. **Operator Application Certification:**
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief
Name (Print): Kristy Ward Title: Regulatory Analyst
Signature: Kristy Ward Date: January 12, 2009
e-mail address: kristy_ward@xtoenergy.com Telephone: 432-620-6740

7. **OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)
OCD Representative Signature: [Signature] Approval Date: FEB 05 2009
Title: DISTRICT 1 SUPERVISOR OCD Permit Number: P1-00899

8. **Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC
Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.
☒ Closure Completion Date: 4-16-2009

9. **Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**
Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.
Disposal Facility Name: Bundance Services, Inc. Disposal Facility Permit Number: NM-01-0003
Disposal Facility Name: _____ Disposal Facility Permit Number: _____
Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?
☐ Yes (If yes, please demonstrate compliance to the items below) ☒ No
Required for impacted areas which will not be used for future service and operations:
☐ Site Reclamation (Photo Documentation)
☐ Soil Backfilling and Cover Installation
☐ Re-vegetation Application Rates and Seeding Technique

10. **Operator Closure Certification:**
I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.
Name (Print): Kristy Ward Title: Regulatory Analyst
Signature: [Signature] Date: 4-21-09
e-mail address: Kristy-ward@xtenergy.com Telephone: 432-620-6740



Closure Report

Solids and Fluids were removed from steel tanks and hauled off by trucking companies and taken to.

Disposal Facility Name: Sundance Services, Inc.

Disposal Facility Permit Number: NM-01-0003