Form 3160-5 (April 2004)

## UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

						مع الأمر إذ سه الأسمالة
SUNDRY	<b>NOTICES</b>	AND	<b>REPORTS</b>	ON	WELLS	

Do not use this form for proposals to drill or to re-enter an

FORM APPROVED

OMB NO. 1004-0137 Expires March 31, 2007 OCD-FCB 55 Lease Serial No.

ΝÑ	<u> 1LC0301</u>	43B			
4	If Indian	Allotton	or Tribo	Momo	

abandoned well. Use Form	n 3160-3 (APD) for such proposals.	
SUBMIT IN TRIPLICATE -	7. If Unit or CA/Agreement, Name and/or No. NM70948B	
1. Type of Well Oil Well Gas Well X Other 2. Name of Operator XTO Energy Inc.	Injection 8. Well Name and No. Eunice Monument 918 South Unit B 9. API Well No.	
3a. Address	(code) 30-025- <del>04253</del> 04302 /	
200 N. Loraine, Ste. 800 Midland, 4. Location of Well (Footage, Sec., T., R., M., or Survey I Unit Ltr. M, Section 23, T-20S, R-36 660' FSL & 660' FWL	Description)	10. Field and Pool, or Exploratory Area Eunice Monument; Grayburg San Andres  11. County or Parish, State Lea NM
12. CHECK APPROPRIATE	OTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION		OF ACTION
Notice of Intent  X Subsequent Report  Final Abandonment Notice	Acidize Deepen  Alter Casing Fracture Treat  Casing Repair New Construction  Change Plans Plug and Abandon	Production (Start/Resume) Water Shut-Off  Reclamation Well Integrity  Recomplete X Other To Repair  Temporarily Abandon Injector
Attach the Bond under which the work will be per following completion of the involved operations. I testing has been completed. Final Abandonment Metermined that the final site is ready for final inspect MIT Chart ran on 6-11-09 - Chart 6/11/09 - Performed MIT. Pressure	formed or provide the Bond No. on file with BLM/E f the operation results in a multiple completion or rec Notices shall be filed only after all requirements, inclusion.)  Attached	red and true vertical depths of all pertinent markers and zones. IA. Required subsequent reports shall be filed within 30 days ompletion in a new interval, a Form 3160-4 shall be filed once ding reclamation, have been completed, and the operator has I down from 540# to 520# in 30 mins.
Repair leak prior to returning well to injection. Retest well. Notify This office to witness test. Work to be done within 30 days or by 8/27/09	RECEIVED JUL 2 9 2009 HOBBSOCD	JUL 2 7 2009 /s/ JD Whitlock Jr  BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
14. I hereby certify that the foregoing is true and correct Name (Printed Typed)  Kryi sty Ward	Title	ory Analyst
Trusty Ward	Date 07/14/09	
	S SPACE FOR FEDERAL OR STATE OFFI	
Approved by  Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations the	this notice does not warrant or Office those rights in the subject lease	1 SUPERVISOR Date JUL 3 0 2009

