Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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l	WELLS 18 201

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

5. Lease Serial No.

SUNDRY NOTICES Do not use this form for parallel abandoned well. Use Form	NM62666 6. If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPLICATE - 0	7. If Unit or CA	A/Agreement, Name and/or N			
Type of Well Gas Well Other Other					ınd No.
2. Name of Operator XTO Energy Inc. 3a. Address	b. Phone No. (<i>include ar</i>	7	EUNICE MONI SOUTH UNIT 9. API Well No	<u>B</u>	
200 LORAINE, STE. 800 MIDLAND, 4. Location of Well (Footage, Sec., T., R., M., or Survey E 660 feet from the North line and 660	432-620-4318	ea coae) 	30-025-04308 10. Field and Pool, or Exploratory Area EUNICE MONUMENT; GRAYBURG- SAN ANDRES		
Letter A, Section 24, T-20-S, R-36-E	E, NMPM, Lea Count	cy, New Mexico		11. County or LEA	NM
12. CHECK APPROPRIATE	BOX(ES) TO INDIC		· · · · · · · · · · · · · · · · · · ·	ORI, OR OTE	IER DATA
TYPE OF SUBMISSION		TYI	PE OF ACTION	,	
X Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Reclamation	e ly Abandon	Water Shut-Off Well Integrity X Other Sonic Hammer stimulation
Is. Describe Proposed or Completed Operation (clearly If the proposal is to deepen directionally or recompl Attach the Bond under which the work will be perfollowing completion of the involved operations. If testing has been completed. Final Abandonment N determined that the final site is ready for final inspect 2/28/11 - MIRU WS, rel TAC, POOH w 3/1/11 - RIH w/sonic hammer tool & RIH w/swab cups & made 5r 3/2/11 - RIH w/swab cups & made 34 3/3/11 - POOH w/sonic hammer tool, HWO, RDMO PU	ete horizontally, give subsiformed or provide the Bon the operation results in a otices shall be filed only a tion.) w/prod tbg acdz OH fr 3843- runs Iruns in 9.5hrs	urface locations and meand No. on file with BLM. The multiple completion or reference all requirements, incomplete with the work of the w	sured and true ver (BIA. Required secompletion in a reluding reclamation)	rtical depths of all ubsequent reports new interval, a Fo n, have been con	pertinent markers and zones, s shall be filed within 30 days arm 3160-4 shall be filed once inpleted, and the operator has d w/40bb1s wtr
				MAR 1	FOR RECORD 3 2011 ND MANAGEMENT FIELD OFFICE
 I hereby certify that the foregoing is true and correct Name (Printed/Typed) PATTY URIAS 	Title REGULA	TORY ANALYST			
fatty lieas	Date 3/8/11				
0 THIS	SPACE FOR FEDER			į"	
Approved by		Title PEPROLOG	M. Engwet	Dat	e MAR 2 1 2011
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to t which would entitle the applicant to conduct operations the	hose rights in the subject	III OII Office		Li	

EUNICE MONUMENT SOUTH UNIT B #895

