

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**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. NMLC061783A
2. Name of Operator LIME ROCK RESOURCES II-A, L.P. Contact: MIKE PIPPIN E-Mail: mike@pippinllc.com		6. If Indian, Allottee or Tribe Name
3a. Address C/O MIKE PIPPIN 3104 N. SULLIVAN FARMINGTON, NM 87401	3b. Phone No. (include area code) Ph: 505-327-4573	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 4 T18S R27E NESE 2310FSL 330FEL		8. Well Name and No. WINDFOHR 4 I FEDERAL 10
		9. API Well No. 30-015-42052
		10. Field and Pool, or Exploratory RED LAKE, GL-YESO 51120
		11. County or Parish, and State EDDY COUNTY, 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Well Spud
	<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 site is ready for final inspection.)

Spudded well on 10/12/14. Drilled 12-1/4" hole to 350'. Set 8-5/8" 24# J-55 csg @ 345'. Cmted w/325 sx (436 cf) cl "C" cmt w/2% Cacl2 & 0.125# C/F. Circ 79 sx cmt to pit. On 10/14/14, pressure tested 8-5/8" csg to 1500 psi for 30 min-OK. Drilled 7-7/8" hole to TD4717' on 10/17/14. Ran open hole logs. On 10/18/14, set 5-1/2" 17# J-55 production csg @ 4702'. Cmted w/lead 300 sx (571 cf) 35:65 poz "C" cmt w/5% salt, 0.25# CF, 5# LCM, 0.2% R-3, & 6% gel. Tailed w/630 sx (838 cf) cl "C" cmt w/0.25# CF & 0.6% R-3. Circ 18 sx cmt to pit. Released drilling rig on 10/20/14. Plan to pressure test 5-1/2" csg during completion operations.

Accepted for record  
fms NMOC 2/11/15

NM OIL CONSERVATION  
ARTESIA DISTRICT  
FEB 2 2015  
RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #272149 verified by the BLM Well Information System For LIME ROCK RESOURCES II-A, L.P., sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 01/16/2015	
Name (Printed/Typed) MIKE PIPPIN	Title PETROLEUM ENGINEER
Signature (Electronic Submission)	Date 10/20/2014
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By _____	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 _____	

ACCEPTED FOR RECORD  
JAN 23 2015  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

**Additional data for EC transaction #272149 that would not fit on the form**

**32. Additional remarks, continued**