	UNITED STATES DEPARTMENT OF THE I BUREAU OF LAND MANA	NIERIOK	<b>NSERVATI</b> A DISTRICT 0 2 2015	ON 5. Lease Serie	FORM APPROVED OM B No. 1004-0135 Expires: January 31, 2004 al No.	
Do not use th	NOTICES AND REPO nis form for proposals to ell. Use Form 3160-3 (Al	ORTS ON WELLs drill or to re-कुक्स्ट्र	S BEANED	NMNM 6. If Indian	07781 , Allottee or Tribe Name	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. NMNM101360X		
			8. Well Name and No.			
2. Name of Operator Memorial Production Operating LLC				9. API We	H SQUARE LAKE UNIT #035 ell No.	
3a Address 1301 McKinney Street; Suite 2	3b. Phone No. (include are 713-588-8300	a code)	<b>30-015-10416</b> 10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec.,				Square Lake; Grayburg-San Andres		
SEC 30 T16S R31E 1980' FNL & 1346' FWL				11. County or Parish, State EDDY COUNTY, NEW MEXICO		
						12. CHECK A
TYPE OF SUBMISSION		ТҮРЕ (	OF ACTION	-		
Notice of Intent	Acidize	Deepen Fracture Treat New Construction	Production (Sta Reclamation Recomplete	rt/Resume)	Water Shut-Off Well Integrity Other Operator Name	
Subsequent Report	Change Plans	Plug and Abandon	Temporarily At	andon	Change	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
testing has been completed. Fi determined that the site is ready This Sundry Notice is to h Production Operating LL a result of the merger of F the properties owned prev	volved operations. If the operation re- nal Abandonment Notices shall be fil of final inspection.) ereby notify and reflect, effectiv C ("Memorial"). A copy of the ( soaz and Memorial, Memorial or viously by Boaz. Operations cor e of business is 1301 McKinney, so a solution of the solu	ed only after all requirement re October 1, 2013, a mer Certificate of Merger is wns one hundred percen iducted by Memorial sh:	ts, including reclam rger of Boaz Ene enclosed and has it (100%) of the r all be covered un	ation, have bee rgy, LLC (") been record ecord, benefi der Statewid	n completed, and the operator has Boaz") with Memorial ed in each applicable county. As icial and equitable title in and to e BLM Bond NMBDO 113	
14. I hereby certify that the fore Name (Printed/Typed) Larry Forney	going is true and correct	Title Vice	President and Ch	iel Operatin	g Officer	
Signature	$\sim$	Date	2/	14		
''/\	THIS SPACE FOR FI	EDERAL OR STA	TE OFFICE	USE	<u> </u>	
Approved by	not yllangt		PAT	-	Date 1/23/2015	
	attached. Approval of this notice do l or equitable title to those rights in t	es not warrant or	e. C.F.	0.1		
Title 18 U.S.C. Section 1001 and Title	e 43 U.S.C. Section 1212, make it a c lent statements or representations as	rime for any person knowin to any matter within itsijur	ngly and willfully isdiction.	o make to any	department or agency of the United	

(Instructions on page 2)

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