

UNITED STATES **OCD-ARTESIA**
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: January 31, 2018

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.

5. Lease Serial No. **NMLC-029418B**

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator **Vintage Drilling LLC**

3a. Address **P.O. Box 248
Artesia, NM 88211-0248**

3b. Phone No. (include area code)
(575) 365-8886

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No. **Lea C Federal Battery**

9. API Well No.

10. Field and Pool or Exploratory Area
Grayburg Jackson; SR-Q-G-SA

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Battery located at #6 well: Unit letter G, Sec. 11, T17S, R31E

11. Country or Parish, State
Eddy, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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		
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Attached is an updated Site-Facility diagram for the Lea C Federal.

ENTERED 2.5.17
INTO AFMSS

Accepted for record - NMOCD
DC 4-11-17

Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: 2.5.17

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

Marie Durham

Title **Secretary**

Signature

Date

10/03/2016

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

EPS UE

Date

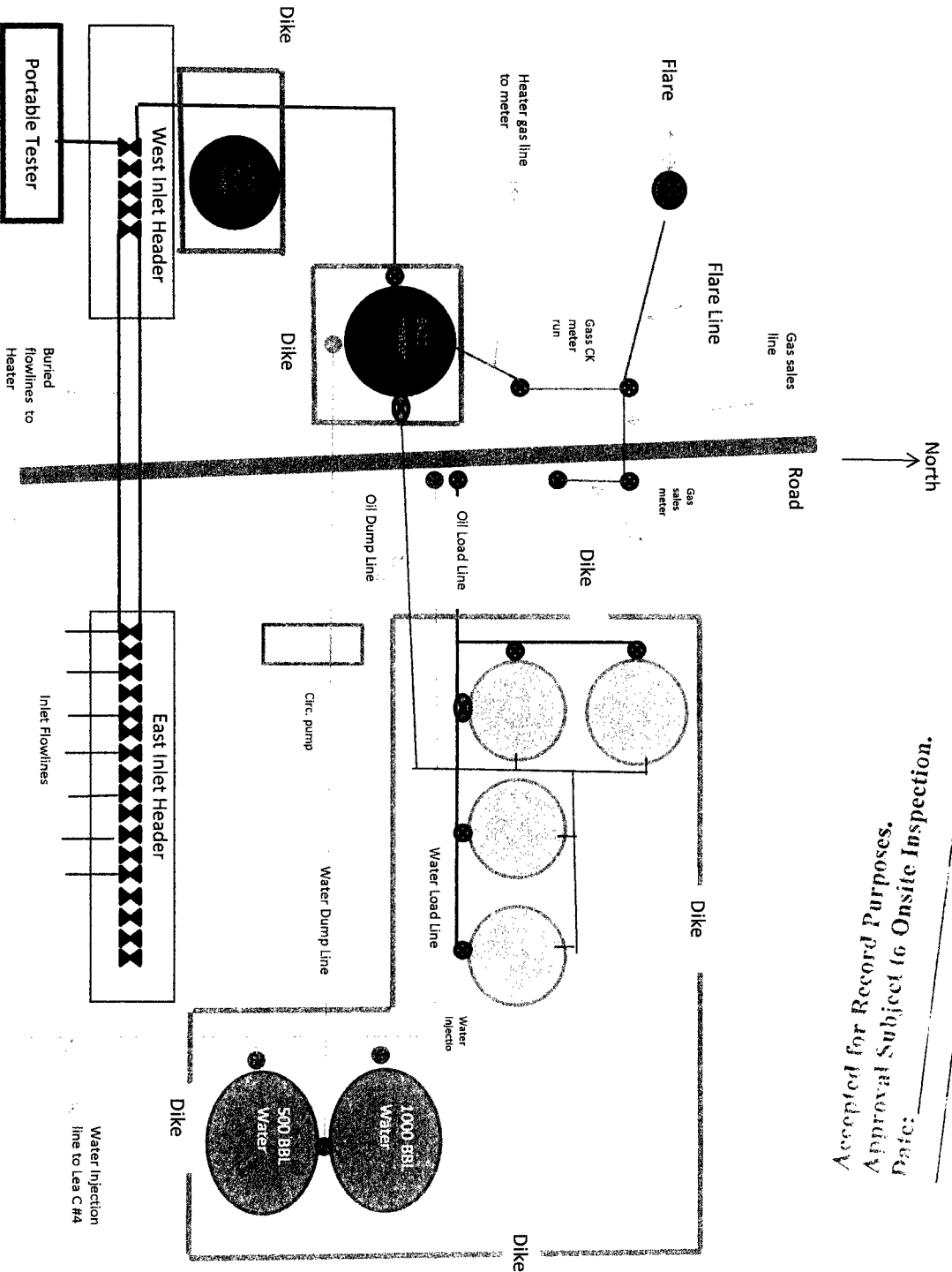
2.5.17

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

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.

Lea C Lease - Battery Schematic



Accepted for Record Purposes.
 Approval Subject to Onsite Inspection.
 Date: _____

Vintage Drilling LLC
Lea "C" Tank Battery, Eddie Co. N.M.
NMILC-0294188

Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: _____

