Form 3160-5 (June 2015)

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UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCD Artesia

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

5. Lease Serial No. NMLC070678A

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

If Indian Allottee or Tribe Name

abandoned well. Use form 3160-3 (APD) for such proposals.				o. Il fildian, Anottee of	Title Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other				8. Well Name and No. HAWK 8 E FEDERAL 48			
Name of Operator Contact: MIKE PIPPIN LIME ROCK RESOURCES II-A, L.P. E-Mail: MIKE@PIPPINLLC.COM				9. API Well No. 30-015-43219			
3a. Address C/O MIKE PIPPIN 3104 N. SU FARMINGTON, NM 87401		hone No. (include area code) 505-327-4573		10. Field and Pool or Exploratory Area RED LAKE, GL-YESO 51120			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State			
Sec 8 T18S R27E SWNW 116			EDDY COUNTY, NM				
12. CHECK THE AF	PROPRIATE BOX(ES) TO IN	NDICATE NATURE OF	NOTICE,	REPORT, OR OTH	ER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION						
☐ Notice of Intent	□ Acidize	☐ Deepen	☐ Product	ion (Start/Resume)	■ Water Shut-Off		
_	☐ Alter Casing	☐ Hydraulic Fracturing	☐ Reclama	ation	■ Well Integrity		
Subsequent Report	□ Casing Repair	■ New Construction	☐ Recomp	lete	Other		
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	□ Tempor	arily Abandon	Surface Rehabilitati on		
	☐ Convert to Injection	☐ Plug Back	□ Water Disposal				
	FOR INTERIM REMEDIATION on 10/20/16. The location has be a second of the location of the location has been second or the locat			APPRO Amelinner BUREAU OF LAND A	2018 LE MANAGEMENT		
14. I hereby certify that the foregoing is	Electronic Submission #371247	verified by the BLM Well	lnformation	System		-	
	For LIME ROCK RESOL Committed to AFMSS for proces	JRCES II-A, L.P., sent to testing by DEBORAH MCKII	the Carlsbac NNEY on 03/	ł 29/2017 ()			
Name (Printed/Typed) MIKE PIP	- 1	· ·					
Signature (Electronic S	ubmission)	Date 03/28/20	Date 03/28/2017				
	THIS SPACE FOR FE	DERAL OR STATE (OFFICE U	SE			
Approved By		Title			Date	_	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	itable title to those rights in the subjec						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s			willfully to ma	ake to any department or a	agency of the United		