Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

5. Lease Serial No. NM 109387

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLES 04 2013

Do not use this form for proposals to drill or to re-enter an ield Office abandoned well. Use Form 3160-3 (APD) for such proposals and Managemen

abandoned well.	Use Form 3160-3 (A	APD) for suc	h proposa	Sidonane	men.		
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well							
Oil Well Gas Well Other					8. Well Name and N Logos #3	0.	
2. Name of Operator Logos Operating, LLC					9. API Well No. 30-043-21135		
3a. Address 4001 North Buller Avenue, Building 7101	3b. Phone No. (include area code)			10. Field and Pool or Exploratory Area WC 22N6W5; DAKOTA (O)			
			103-030-1011			11. County or Parish, State	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 741 FSL, 1263 FEL Section 5, T22N, R6W, UL P					Sandoval County, NM		
12. CHEC	K THE APPROPRIATE BO	DX(ES) TO INDE	CATE NATUR	E OF NOTIC	CE, REPORT OR OT	HER DATA	
TYPE OF SUBMISSION TYPE OF ACT					ION		
Notice of Intent	Acidize Deepen Production (Start/			nction (Start/Resume)	Water Shut-Off		
	Alter Casing	Alter Casing Fracture Treat Reclamation		nmation	Well Integrity		
Subsequent Report			onstruction		mplete		
	Change Plans		Plug and Abandon		oorarily Abandon	and casing info	
Final Abandonment Notice	Convert to Injection	Plug B	ack	Wate	r Disposal		
determined that the site is ready for final inspection.) Note additional casing information per prior report omissions:						RCVD FEB 8 '13 OIL CONS. DIV. DIST. 3	
1/24/13 Spud well at 09:30. Drilled a 1/25/13 Pumped 162 cu.ft. of Type 1 120 psi- held ok. Circulated 7 bbls 2/1/13 Pressure tested surface casi	1-2 cement with 20% flyas	sh @ 14.5 lb. Di	opped plug ar	nd displaced	22.5 bbls of fresh	water. Bumped plug at 12:30 with	
27 W To T Toodary tested duringer sales	ng to root por for go mine	ACCEP1			by Delivi mopositor (
		ر صور حص	₹ 05 2013)		,	
FEB 0 5 20 FARMAGION FIELD BY William Ta				OFFICE		CONFIDENTIAL	
14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed							
Kristy Graham		Title Director of Administrative and Engineering Support					
Signature A		Date 02/02/2013					
700	THIS SPACE	FOR FEDER	RAL OR ST	ATE OFF	ICE USE	. `	
Approved by				······································			
			Title			Date	
Conditions of approval, if any, are attached that the applicant holds legal or equitable ti entitle the applicant to conduct operations t				·			
Title 18 U.S.C. Section 1001 and Title 43 I fictitious or fraudulent statements or representations.			son knowingly a	nd willfully to	make to any departme	ent or agency of the United States any false,	