## RECEIVED

Form 3160-5 (August, 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

APR 01 2013

FORM APPROVED 010

O	MB No.	1004-	01.
Ex	nires: Ji	ılv 31.	20

	BUREAU OF LAND M				Expires, July 51, 2010	
SIIN	DRY NOTICES AND RE	Fa EPORTS ON W	mington Field	5) Ifense Serial	ino. NMNM 114365	
ם ווכם	s to drill or to re-e (APD) for such pro	iitei aii	6. If Indian, Al	Illottee, or Tribe Name		
SUBMIT IN 1	RIPLICATE - Other Instru	ctions on page 2		7. If Unit or Ca	A. Agreement Name and/or No.	
1. Type of Well Gas Well Gas Well	Other			8. Well Name	and No	
<u> </u>	Other					
2. Name of Operator Three Forks Resources, LLC				9. API Well No	George #1	
3a. Address		3b. Phone No. (inclu	de area code)			
1515 Wazee Street Suite 350, Denver CO 80202		303-31	303-318-0717		30-043-21009  10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T.,	R., M., or Survey Description)	Lat.			San Luis Mesa Verde	
1069' FSL, 2182' FWL, Sec 28 T18N-R3W		Long	Long.		11. County or Parish, State	
					olval NM	
12. CHECK APPROP	RIATE BOX(S) TO INDICA	TE NATURE OF 1	NOTICE, REPOR	T, OR OTHE	ER DATA	
TYPE OF SUBMISSION		TY	PE OF ACTION			
Notice of Intent	Acidize	Deepen	Production ( St	art/ Resume)	Water Shut-off	
	Altering Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete		Other	
7	Change Plans	Plug and abandon	Temporarily At	andon		
BF Control About to the Control of t						
Final Abandonment Notice  13. Describe Proposed or Completed	Convert to Injection	Plug back	Water Disposal			
July 2013.	roduction equipment and c	realied up location	n. Fei BLW iep	resentative,	RCVD APR 4 '13 OIL CONS. DIV.	
					DIST. 3	
14. I hereby certify that the foregoing is	true and correct.					
Name (Printed/ Typed)		Title	ODED.		SOLD HOLLN	
IRENE /	TRUJILLO		OPERA	ATIONS IE	ECHNICIAN	
Signature 1 here	Suflo	Date	,	3/28/20	13	
	THIS SPACE FOR I	FEDERAL OR S	TATE OFFICE U	SE	<u> </u>	
Approved by		Title		l D	Date MARKET TO PASSE NATURA	
Conditions of approval, if any are attace certify that the applicant holds legal or		warrant or	· .			
	licant to conduct operations	thereon.	knowingly and willer	lly to make es	APD 9 2 7018	
States any false, fictitiousor fraudulent st				ny to make any	department or agency of the United	
(Instructions on page 2)	-: 1				PN JA	