Form 3160-5		L Vin		
(April 2004)	UNITED STA DEPARTMENT OF T BUREAU OF LAND M	TES	ICT 25 2012	FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007
c	SUNDRY NOTICES AND			5. Lease Serial No. SF-078384
	ot use this form for proposa doned well. Use Form 3160 -			<sup>™</sup> 6. If Indian, Allottee or Tribe Name )⊜⊓.
SUBMI	IT IN TRIPLICATE- Other i	nstructions on reve	rse side.	7. If Unit or CA/Agreement, Name and/
1. Type of Well Oil We	ell 🛛 🔽 Gas Well 🗔 🚺 Oth	er		8. Well Name and No.
2. Name of Operator Silver Creek Oil and Gas, LLC				Newsom B #17   9. API Well No.
		3b. Phone No. (inclue 940 665-4373	le area code)	30-045-23918 10. Field and Pool, or Exploratory Area Ballard Pictured Cliffs (Gas)
		ion)		
Section 8 T26N & 1	R8W, 925 FNL & 1005 FWL			11. County or Parish, State San Juan County, New Mexico
12. C	CHECK APPROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NOTICE, R	EPORT, OR OTHER DATA
TYPE OF SUBMI	ISSION	TY	THE OF ACTION	
Notice of Intent	Change Plans		Production (Sta Reclamation Recomplete Temporarily At Water Disposal	Well Integrity   Other Operator Characterize
البيامات وأحجوه والم				
Effective Janua		ator of the well set forth a	nd described above be	RCVD JUN 2 OIL CONS.
Effective Janua Silver Creek O 201 W. Califord Gainesville, Te	ary 1, 2012, we request that the opera il and Gas, LLC nia Street xas 76240	ator of the well set forth a	nd described above be	RCVD JUN 2
Effective Janua Silver Creek O 201 W. Califort Gainesville, Te 14. Thereby certify t Name (Printed)	ary 1, 2012, we request that the opera 15 (3) 16 and Gas, LLC nia Street xas 76240 that the foregoing is true and correct (Typed)			RCVD JUN 2 OIL CONS.
Effective Janua Silver Creek O 201 W. Califori Gainesville, Te 14. I hereby certify t Name (Printed) Anthe	ary 1, 2012, we request that the opera il and Gas, LLC nia Street xas 76240 that the foregoing is true and correct		Operations Manager	RCVD JUN 2 OIL CONS. DIST. 3
Effective Janua Silver Creek O 201 W. Califort Gainesville, Te 14. Thereby certify t Name (Printed)	in the foregoing is true and correct <i>(Typed)</i> ony S. Cutia	Title o Date	Operations Manager 1	RCVD JUN 2 OIL CONS. DIST. 3
Effective Janua Silver Creek O 201 W. Califori Gainesville, Te 14. Thereby certify t Name (Printed) Anthe Signature	that the foregoing is true and correct <i>(Typed)</i> ony S. Cutia MULL C THIS SPACE FC	Title	Operations Manager 1	RCVD JUN 2 OIL CONS. DIST. 3 0/24/2012 USE
Effective Januer Silver Creek O 201 W. Califori Gainesville, Ter 14. Thereby certify t Name (Printed) Anthe Signature	in the foregoing is true and correct <i>(Typed)</i> ony S. Cutia	Title Date Date DR FEDERAL OR S	Operations Manager 1	RCVD JUN 2 OIL CONS. DIST. 3

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