State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez

Governor

David Martin
Cabinet Secretary-Designate

Brett F. Woods, Ph.D. Deputy Cabinet Secretary

NMOCD Approved by Signature

Jami Bailey, Division Director Oil Conservation Division



New Mexico Oil Conservation Division approval and conditions listed below are made in accordance with OCD Rule 19.15.7.11 and are in addition to the actions approved by BLM on the following 3160-4 or 3160-5 form.

una u			wing <u>3160-4 or 3160</u>			•	21VI 011 t	110				
Operator Sig	nature Date	: Jan	21, 2014									
Application 7	P&A [Drilling/Casing Ch hange ⊠ Other: \$					•				
	roduction		nange 🖂 Other	3qu	ee	Z U U	asing i	Са	ĸ,	ıeı	,ui	11
Well informa	ntion:								minimum er er	Vice described in the		
API WELL#	Well Name	Well #	Operator Name	Туре	Stat	County	Surf_Owner	UL	Sec	Гwр	N/S	Rng
30-045-23536-00- 00	NYE FEDERAL	001M	ENERGEN RESOURCES CORPORATION	G	Α	San Juan	F	Р	20	31	7	12
Conditions o	f Approval:											
Notify NMO	CD 24hrs p	rior t	to beginning operations									
Notify NMO	CD 24 hou	rs pri	or to pressure test of squee	ze.								
0 France	184	M	FEB 0:3 20)14								

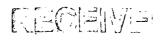
1220 South St. Francis Drive • Santa Fe, New Mexico 87505 Phone (505) 476-3460 • Fax (505) 476-3462 • www.emnrd.state.nm.us/ocd

Date

Form 3160-5. (August 2007)

entitle the applicant to conduct operations thereon.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



FORM APPROVED OMB NO. 1004-0137 Expires July 31, 2010

5. Lease Serial No.

M	NΩ	വാ	Ω1	

SUNDRY NOTICES AND REPORTS ON WELLS JAN 21 $2\hat{u}\hat{l}^{ij}$ Do not use this form for proposals to drill or to re-enter an

6. If Indian, Allottee or Tribe Name

abandoned well. Use For	m 3160-3 (APD) fo	r such proposals.	Field Oi					
SUBMIT IN TRIPLICA	7. If Unit or CA/Agreement, Name and/or N							
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator					8. Well Name and No. Nye Federal 1M			
Energen Resources								
3a. Address		3b. Phone No. (include a	area code)	9. API Well No.	•			
2010 Afton Place, Farmington, NM 8	87401	505-325-6800	•	30-045-2353	ol, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey					verde/Basin			
870' FSL, 1015' FEL, Sec. 20, T31N	, R12W, NMPM	(P) SE/SE		Dakota				
	,			11. County or Parish, State				
			·	San Juan	NM			
12. CHECK APPROPRIAT	E BOX(ES) TO IN	DICATE NATURE OF	NOTICE, REPO	ORT, OR OTHER	DATA			
TYPE OF SUBMISSION		Т	YPE OF ACTION	·				
x Notice of Intent	Acidize	Deepen	Production	n (Start/Resume)	Water Shut-Off			
 .	Alter Casing	Fracture Treat	Reclamati	on	Well Integrity			
Subsequent Report	x Casing Repair	New Construction	Recomple	ete [Other			
□ r:	Change Plans	Plug and Abandon	Temporar	ily Abandon				
Final Abandonment Notice	Convert to Injecti		Water Dis	-				
13. Describe Proposed or Completed Operation (clear If the proposal is to deepen directionally or recom	ly state all pertinent deta	ills, including estimated sta	rting date of any pr	roposed work and a	pproximate duration thereo			
Attach the Bond under which the work will be perfollowing completion of the involved operations. testing has been completed. Final Abandonment determined that the final site is ready for final insp. 1) MOL. Record pressures. 2) TOOH w/tbng. 3) PU 5.50" RBP and packer and 9. 4) Pressure test RBP to 750 psi. 5) Squeeze csng per service comp. 6) Drill out cant and pressure 9. 7) TIH w/production tbng. RDMO. This will be a closed loop operation.	If the operation results in Notices shall be filed on operation.) TIH. Set RBP @ . Isolate csng pany procedure. test to 600 psi .	n a multiple completion or nly after all requirements, a 4000' (csng leak leak using packer WCC.	recompletion in a including reclamati	new interval, a Fonion, have been com CLICATION DI ween 3959' ar	m 3160-4 shall be filed one pleted, and the operator has [AN 2311]. [ST. 3] and surface).			
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Collin Placke	į	Title Dist	rict Engineer					
Signature alla Place	<u> </u>	Date 01/21/						
	S SPACE FOR FEL	DERAL OR STATE O	FFICE USE		AN 2 2 2014			
Approved by Original Signed: Stepl	hen Mason	Title		Defi	niv Z G Gult			
Conditions of approval, if any, are attached. Approval of this no	otice does not warrant or cer	tify that Office						