State of New Mexico Energy, Minerals and Natural Resources Department

_	_		-
Susa	ana I	Vlari	inez

Governor

David Martin

Cabinet Secretary-Designate

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

Operator Signature Date: Application Type: P&A Drilling/Casing Change Recomplete/DHO Location Change Other: T/A Well information: API WELL # Well Name Well # Operator Name Type Stat County Surf Owner UL Sec Twp N/S Rng W/E 30-045-32481-00-00 SCHLOSSER 020S M & G DRLG CO INC G T San Juan F E 10 27 N 11 W Conditions of Approval: Notify NMOCD 24hrs prior to beginning operations An MIT will need to be performed and approved prior to 12/9/2014 to extend the T/A past 12/9/2014. Per rule 19.15.25.12		*						
P&A Drilling/Casing Change Recomplete/DHC Location Change Other: T/A Well information: API WELL # Well Name Well # Operator Name Type Stat County Surf Owner UL Sec Twp N/S Rng W/E 30-045-32481-00-00 SCHLOSSER 020S M & G DRLG CO INC G T San Juan F E 10 27 N 11 W Conditions of Approval: Notify NMOCD 24hrs prior to beginning operations An MIT will need to be performed and approved prior to 12/9/2014 to extend the	Operator Signature Date:		•					
API WELL# Well Name Well # Operator Name Type Stat County Surf Owner UL Sec Twp N/S Rng W/E 30-045-32481-00-00 SCHLOSSER 020S M & G DRLG CO INC G T San Juan F E 10 27 N 11 W Conditions of Approval: Notify NMOCD 24hrs prior to beginning operations An MIT will need to be performed and approved prior to 12/9/2014 to extend the	P&A Drilling/Casing			Re	ecom	nple	te/[)HC
30-045-32481-00-00 SCHLOSSER 020S M & G DRLG CO INC G T San Juan F E 10 27 N 11 W Conditions of Approval: Notify NMOCD 24hrs prior to beginning operations An MIT will need to be performed and approved prior to 12/9/2014 to extend the	Well information:							
Notify NMOCD 24hrs prior to beginning operations An MIT will need to be performed and approved prior to 12/9/2014 to extend the								
An MIT will need to be performed and approved prior to 12/9/2014 to extend the	Conditions of Approval:	. .			-			
· · · · · · · · · · · · · · · · · · ·	Notify NMOCD 24hrs prior to beginning operation	ons		-				
	•	ved prior to	o 12/9/2	014 1	to ext	end t	he	

NMOCD Approved by Signature

2-25-20

Form 3 160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED OMB No. 1004-0135 Expires Jnovember 30, 2000

5. Lease Serial No.

NMSF 078673

FEB 19 2014

Do not use this form for proposals to drill or reenter an on Field Office 6. If Indian, Allottee or Tribe Name

abandoned well	l. Use Form 3160-3 (APD)	for such p	oposals _S	nd Managen	ze radn.
	ICATE – Other instru	4 - 1, 1 - 1	*		7. If Unit or CA/Agreement, Name and/or N
I. Type of Well	<u></u>	·			_
Oil Well 🗶 Gas Well	Other				8. Well Name and No.
2. Name of Operator					Schlosser #20S
M&G Drilling Company, Inc.	c/o Walsh Engineering				9. API Well No.
3a. Address			No. (include	area code)	30-045-32481
7415 E. Main, Farmington, NA		505-327-4	4892	- 	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., 1980' FNL and 660' FWL, (E)					Basin Fruitland Coal
1900 I IVE and 000 I VVE, (E)	Sec. 10, 12/10, INTIV				11. County or Parish, State
	·				San Juan County, NM
12. CHECK AP	PROPRIATE BOX(ES) TO II	NDICATE N	ATURE OF	NOTICE, REP	PORT, OR OTHER DATA
TYPE OF SUBMISSION			TYPI	E OF ACTION	
Notice of Intent	Acidize Alter Casing	Deepen Fracture		Reclamation	<u> </u>
Subsequent Report	Casing Repair Change Plans	=	nstruction l Abandon	Recomplet	ete
Final Abandonment Notice	Convert to Injection	Plug Ba		Water Disp	
	tland Coal or cut a window	in the 4-1/2	" casing a	nd drill horizo	another year. The long range plan ontally in the coal. The current price of -
					RCVD FEB 21'14
					DIL CONS. DIV.
+					DIST. 3
14. I hereby certify that the foregoing is	true and correct		=======================================		
Name (Printed/Typed) Paul C. Tho	ompson, P.E.	Title			Agent
Signature Paul C. Tho	~	Date		⊦ebr	ruary 18, 2014
	THIS SPACE	FOR FEDER	RAL OR STA	ATĘ USE	
Approved by Original Signed	d: Stephen Mason	T	tle		PEB 2 0 2014
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	uitable title to those rights in the su		ffice		
Title 18 U.S.C. Section 1001, make if false, fictitious or fraudulent statement					rtment or agency of the United States any