

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

MAY 23 2014

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

Farmington Field Office  
Bureau of Land Management

5. Lease Serial No.  
NMNM-12335- 081208

6. If Indian, Allottee or Tribe Name  
N/A

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
South Hospah #51

9. API Well No.  
3003120242

10. Field and Pool, or Exploratory Area  
South Hospah

11. County or Parish, State  
McKinley County, New Mexico

**SUBMIT IN TRIPLICATE- Other instructions on reverse side.**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
Dominion Production Company LLC.

3a. Address  
1414 W. Swan Ave. Suite 100. Tampa Fl. 33606

3b. Phone No. (include area code)  
813-579-1188

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1775' FNL & 620' FWL Section 12 17N 9W

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input checked="" type="checkbox"/> Well Integrity
			<input type="checkbox"/> Other _____

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**Dominion Production is currently evaluating the integrity of this wellbore. Dominion is requesting 30 days to complete the evaluation and replace the wellhead and surface equipment to preform the MIT.**

OIL CONS. DIV DIST. 3

MAY 27 2014

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed) **Mike Allen** Title **Technical Advisor**

Signature \_\_\_\_\_ Date **05/22/2014**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by **Original Signed: Stephen Mason** Title \_\_\_\_\_ Date **MAY 23 2014**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office \_\_\_\_\_

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

Accepted For Record  
NMOCD