Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

MAY 29 2)14

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

SUNDRY NOTICES AND REPORTS ON WELLS					5. Lease Serial No. NIÑNM 18463			
					6. If Indian, Allottee or Tribe Name			
abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.			
1. Type of Well					or or greenom, ream	C anaror 110.		
Oil Well Gas Well Other				8. Well Name and No. Chaco 2308-09A #146H				
2. Name of Operator					9. API Well No.			
WPX Energy Production, LLC 3a. Address 3b. Phone No. (include area code)					30-045-35498			
PO Box 640 Aztec, NM 8	3b. Phone No. <i>(include area code)</i> 505-333-1822		10. Field and Pool or Exploratory Area Nageezi Gallup					
4. Location of Well <i>(Footage, Sec.,</i> SHL: 932' FNL & 204' FEL, sec ! BHL: 2270' FNL & 236' FWL, Sec	9, T23N, R8W –	tion)	11. Country or Parish, State San Juan, NM					
12. CHECK T	HE APPROPRIATE BOX(I	ES) TO INDICATE NATURE	OF NOTICE, F	REPORT OR	OTHER DATA			
TYPE OF SUBMISSION TYPE OF ACTION								
Notice of Intent	Acidize	Deepen	Prod (Start/Res	uction ume)	Water Shut-Off			
	Alter Casing	Fracture Treat	Recla	amation	Well Integrity			
Subsequent Report	Casing Repair	New Construction	Reco	mplete	Other GAS DELI	VERY		
	Change Plans	Plug and Abandon	Temp	orarily				
Final Abandonment Notice				r Disposal				
subsequent reports must be file recompletion in a new interval, requirements, including reclam The GL GAS was delivered of	a Form 3160-4 must be file ation, have been completed	d once testing has been completed and the operator has determine	ted. Final Abar d that the site is	ndonment Not ready for fin	tices must be filed only			
Project Type: PERMANENT	DELIVERY							
MC #: 31719				<i>A</i> II				
Casing Pressure: 700		OIL CONS. DIV DIST. 3						
Tubing Pressure: 226			JUN 3 2014					
Line Pressure: 220					,			
Permanently connected to Tu	ırtle Mountain CDP WI	PX 2						
14. I hereby certify that the foregoing in Name (Printed/Typed)	s true and correct.							
Heather Riley	\triangle		∙Regulatory	/Æeam=trea	POR RECO	RD -		
Signature Signature	rhley		5/28/14					
	THIS SHACE FO	R FEDERAL OR STA	TE OFFICE	USE M	AY 3 0 2014			
Approved by	_							
			Title F	ARMING	Date TON FIELD OF	FICE		
			B	Y	. J	104		