Form 3160-5 (March 2012)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

16 22 201h

5. Lease Serial N NM 109399

<b></b>					NM 109399		
SUNDRY NOTICES AND REPORTS ON WELLS———————————————————————————————————					6-If-Indian-Allottee or Tribe Name		
	form for proposals ( Use Form 3160-3 (A				ululiemen.		
SUBMIT IN TRIPLICATE - Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well					ROVD AUG 27'14		
✓ Oil Well Gas Well Other					8. Well Name and No. Katie 1H OIL COMS. DIV.		
2. Name of Operator Logos Operating, LLC				9 API Well No. 30-045-35553 DIST. 3			
3a. Address 4001 North Butler Avenue, Building 7101 Farmington, NM 87401 505-330-1			nclude area co	ode)	10. Field and Pool or Exploratory Area Nageezi Gallup		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1687 FNL, 291 FEL (SE/NE) BHL: 330 FNL & 300 FWL (NW/NW)					11. County or Parish, State San Juan County, NM		
	ion 6, T23N, R8W, UL D				-		
12. CHEC	CK THE APPROPRIATE BO	X(ES) TO INDIC	ATE NATUR	E OF NOTIC	E, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION				
Notice of Intent	Acidize	Deepen		Produ	ction (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture		=	mation	Well Integrity	
Subsequent Report	Casing Repair	=	nstruction		mplete	Other Spud	_
(A)	Change Plans	= -	d Abandon		orarily Abandon		_
Final Abandonment Notice  13. Describe Proposed or Completed O	Convert to Injection	Plug Ba			Disposal		_
testing has been completed. Final determined that the site is ready for 08/20/14 MIRU MOTE 207. Spud 12/292'. Pump 5bbls preflush & 40bbls 15:30hr, circ 7bbls cmt to surface, F	r final inspection.) 2-1/4" hole @ 08:00hr on 8 FW, Cmt w/101sxs(29bbl RDRR @ 16:00hr on 08/20	3/20/14. Drill to 3 s, 163cf) Type II	41' (KB). RII	H w/17jt <u>s 9-5</u>	/8" 36# J-55 ST&C cs	sg & <u>set @ 336'</u> (KB) w/FC @	
,				PTED FOR			
			Α	UG 25 2	2014		
			FARMI BY:_ <b>L</b>	NGTON FIEL William	O OFFICE Lambekon		
14. I have be comiffee the star of	North Name (District	1/T 1					
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)							
Tamra Sessions			itle Operation	ons Technicia	an		
Signature tom Lenn			Date 08/22/2014				
	THIS SPACE	FOR FEDER	AL OR ST	ATE OFF	ICE USE		
Approved by							
			Title		Da	ate	
Conditions of approval, if any, are attached that the applicant holds legal or equitable to							

(Instructions on page 2)

fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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,