

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SEP 11 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.**

**SUBMIT IN TRIPLICATE** – Other instructions on page 2.

5. Lease Serial No.  
NMSF-078359

6. If Indian, Allottee or Tribe Name

RCVD SEP 15 '14

7. If Unit of CA/Agreement, Name and/or No.  
132829 OIL CONS. DIV.

8. Well Name and No.  
Chaco 2307-12L #171H

9. API Well No.  
30-039-31217 DIST. 3

10. Field and Pool or Exploratory Area  
Lybrook Gallup

11. Country or Parish, State  
Rio Arriba, NM

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
WPX Energy Production, LLC

3a. Address  
PO Box 640 Aztec, NM 87410

3b. Phone No. (include area code)  
505-333-1806

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sur: 1987' FSL & 331' FWL, Sec 12, T23N, R7W - BHL: 2405' FSL & 1728' FWL

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>INTERMEDIATE CASING</u>
	<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	

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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

9/2/14 - MIRU AWS #730 - note: 9-5/8" surface previously set @ 421' (TD 426') by MoTe on 6/26/14

9/3/14 - INSTALL TEST PLUG, PRESS TEST PIPE & BLIND RAMS, CHOKE MANIFOLD VALVES, CHOKE & KILL LINE VALVES, 4" TIW VALVE 250# LOW 5 MIN EACH, 1500# HIGH 10 MIN EACH. TESTED GOOD. TEST PLUG, PUMP & CHARTS USED { REPLACED 2 VALVES IN CHOKE MANIFOLD } PULL TEST PLUG & TEST SURFACE CASING AGAINST BLIND RAMS 600 PSI FOR 30 MIN. GOOD. TEST PUMP & CHART USED.

9/4/14 - 9/6/14 - DRILL 8-3/4" INTERMEDIATE HOLE

9/7/14 - TD 8-3/4" intermediate hole @ 6328' (TVD 5584') @ 1300 hrs.

9/8/14 - Run 150 jts 7", 23#, J-55, LT&C, 8RD csg, landed @ 6318', FC @ 6275'

CEMENT INTERMEDIATE 7IN CSG W/ 60BBL H2O/CHEM WASH SPACER, THEN 52 SKS/19.9 BBLS OF 11.5# SCAVENGER, FOLLOWED BY 720 SKS/187.2 BBLS OF 13# N2 FOAMED ELASTISEAL SYSTEM LEAD, FOLLOWED BY 100 SKS/23.2 BBLS OF 13.5# HALCEM SYSTEM TAIL, DISPLACED W/ 235 BBLS OF 9.2# DRILL MUD. BUMPED PLUG @ 1,020 AND HELD 500 PSI OVER, RELEASED AND FLOATS HELD W/ 1.5 BACK - PLUG DOWN 23:00 - CIRC 36 BBLS CMT BACK TO SURFACE PRESS TEST PIPE RAMS & 7" CASING 250# LOW 5 MIN, 1500# HIGH 10 MIN, GOOD. TEST PUMP & CHART USED.

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

Name (Printed/Typed)

Mark Heil

Title Regulatory Specialist

Signature

Date 9/11/14

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

Approved by

Title

Date

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)

NMOCDA

ACCEPTED FOR RECORD

SEP 12 2014