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Form 3160-5 (February 2005)		UNITED STA EPARTMENT OF TI JREAU OF LAND M	HE INTERIOR	DCT	27 2		FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007	
SL		OTICES AND REF		مىدىر يۇرىدىر			Serial No. 078359	
Do not use this form for proposals to drill or to re-enter an							an, Allottee or Tribe Name	
abandon		Use Form 3160-3 (/						
SUBMIT IN TRIPLICATE – Other instructions on page 2. 1. Type of Well						7. If Unit of CA/Agreement, Name and/or No. 132829		
						8. Well Name and No.		
Oil Well Gas Well Other						NE CHACE COM #184H		
2. Name of Operator WPX Energy Production, LLC						9. API Well No. 30-039-31224		
3a. Address 3b. Phone No. (include area code)						10. Field and Pool or Exploratory Area		
PO Box 640 Aztec, NM 87410 505-333-1808 4 how time of Well (Textual Sector 10 b) 500 - 333 - 1808 500 - 333 - 1808						CHACO UNIT NE HZ OIL		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sur: 929' FNL & 18' FEL, Sec 13, T23N, R7W						11. Country or Parish, State Rio Arriba, NM		
12	. CHECK TI	HE APPROPRIATE BOX	(ES) TO INDICATE NAT	FURE OF N	IOTICE, RI	EPORT OF	R OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION								
Notice of Intent		Acidize	Deepen		Start/Resu	I Water Shut-Off		
		Alter Casing	Fracture Treat		È	mation	Well Integrity	
_		Casing Repair	New Construction	n	Recon	nplete	Other POOL	
Subsequent Report		Change Plans	Plug and Abando	n	Temporarily		NAME CHANGE	
Final Abandonment Notice		Convert to Injection	Plug Back	11	Abandon Water Disposal			
subsequent reports recompletion in a n requirements, inclu Due to the pool, Chac	must be file ew interval, ding reclama formation o Unit NE	d within 30 days following a Form 3160-4 must be fil ation, have been completed of a 9,238 acre comn	completion of the involved once testing has been of and the operator has determinitized area per NI D order R-13817-A c	ed operation completed. E ermined that MOCD or lated 9/22	ns. If the op Final Aband t the site is der R-138	eration res donment N ready for fi 317 dated	n file with BLM/BIA. Required ults in a multiple completion or otices must be filed only after all inal inspection.) d 5/2/14 and the associated request to change the name	
					(DIL COM	NS. DIV DIST. 3	
						DE	C 2 3 2014	
14. I hereby certify that the	e foregoing i	s true and correct.						
Name (Printed/Typed) _arry HigginsTit					te Regulatory Specialist			
Signature	<u>7 [[(</u>	THIS SPACE FO	OR FEDERAL OR		0/27/14 OFFICE	USF		
Approved by								
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.					le		Date	
					fice	. <u></u>		
Title 18 U.S.C. Section 10	01 and Title					to make to	ACCEPTADE FOR RECORD any department or agency of the	
(Instructions on page 2)							- 461 97 2014	
	•		NMOCD \sim	<i>r</i>		F/	RMINGTON FIELD OFFICE	

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