Form 3160-5 (February 2005)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0137

BU	JREAU OF LAND MA	ANAGEMENT		1.114 U3 4		Expires. March 31, 2007	
SUNDRY N	OTICES AND REP	ORTS ON WELLS	);	الفائي وأثابتك	5. Lease S NMSF	Gerial No. 078360	
Do not use this t	form for proposals Use Form 3160-3 (A	to drill or to re-er	nter	ahland Me		n, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit	of CA/Agreement, Name and/or No.	
1. Type of Well					CA 13:	2829	
Oil Well Gas Well Other					8. Well Name and No. NE Chaco COM #292H		
Name of Operator     WPX Energy Production, LLC					9. API Well No. 30-039-31237		
3a. Address PO Box 640 Aztec, NM 8	3b. Phone No. <i>(include area code)</i> 505-333-1808			10. Field and Pool or Exploratory Area Chaco Unit NE HZ (OIL)			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Sur: 275' FNL & 197' FWL, Sec 18, T23N, R6W					11. Country or Parish, State Rio Arriba, NM		
12. CHECK T	HE APPROPRIATE BOX(I	ES) TO INDICATE NAT	URE	OF NOTICE, RI	EPORT OR	OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent	Acidize  Alter Casing	Deepen Fracture Treat	Production (Start/Resume)  Reclamation  Water Shut-Off Well Integrity				
Subsequent Report	Casing Repair Change Plans	New Construction		Recom		Other GAS DELIVERY	
Final Abandonment Notice	Convert to Injection	Plug and Abandor Plug Back	1	Abandon Water	Disposal		
all pertinent markers and zones subsequent reports must be file	I is to deepen directionally of Attach the Bond under who within 30 days following of a Form 3160-4 must be file ation, have been completed	or recomplete horizontally ich the work will be perfection of the involved once testing has been cand the operator has dete	y, give ormed ed oper omple rmined	subsurface loca or provide the B rations. If the op- ted. Final Aband I that the site is	tions and modern to the condition of the condition results to the condition of the conditio	easured and true vertical depths of file with BLM/BIA. Required lts in a multiple completion or tices must be filed only after all	
Project Type: PERMANENT DELIVERY				OIL	IL CONS. DIV DIST. 3		
Casing Pressure: 800 Tubing Pressure: 395 Line Pressure: 330				NOV 1 2 2014			
14. I hereby certify that the foregoing i	s true and correct.				<u></u> -		
Name (Printed/Typed) Larry Higgins			Title Regulatory Specialist				
1// -							
Signature Date 11/4/14  THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Ad bu	/ HIS SPACE FC	TEDEKAL UK	SIA	IE OFFICE	USE		
Approved by				Title		Date	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify the applicant holds legal or equitable title to those rights in the subject lease which would entitle applicant to conduct operations thereon.				Office			
Title 18 U.S.C. Section 1001 and Title United States any false, fictitious or fra					to make to	ACCEPTED FOR RECORD  any department or agency of the	

(Instructions on page 2)

FARMINGTON FIELD OFFICE