State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez Governor

David Martin Cabinet Secretary

Brett F. Woods, Ph.D. Deputy Cabinet Secretary David R. Catanach, Division Director Oil Conservation Division



New Mexico Oil Conservation Division approval and conditions listed below are made in accordance with OCD Rule 19.15.7.11 and are in addition to the actions approved by BLM on the following <u>3160-4 or 3160-5</u> form.

Operator Signature Date: 1-26-15

Well information:

API WELL#	Well Name	Well #	Operator Name	Туре	Stat	County	Surf_Owner	UL	Sec	Twp	N/S	Rng	W/E	Feet	NS	Ft	EW
	CHACON AMIGOS		ELM RIDGE EXPLORATION COMPANY LLC	0	N	Sandoval	J	Р	2	22	N	3	W	660	S	660	E
Application Type: P&A Drilling/Casing Change Location Change Recomplete/DHC (For hydraulic fracturing operations review EPA Underground injection control Guidance #84)																	
	🛛 Otl	her	: TD/Produc	tior	I C	asing]										

Conditions of Approval:

Report TOC and pressure test for 5 ¹/₂" casing on completion sundry.

CD Approved by Signature

Date

Form 3160-5 (November 1994)	BU SUNDRY Do not use thi	UNITED STATES PARTMENT OF THE IN JREAU OF LAND MANAG NOTICES AND REPORT S form for proposals to Use Form 3160-3 (APD)	FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 5. Lease Serial No. BIA 360 6. If Indian, Allottee or Tribe Name Jicarilla Apache				
su	BMIT IN TRIPL	ICATE – Other instru	ictions on rever	se side	7. If Unit or C	A/Agreement, Name and/or No.	
1.			ENVEST		N/Ą		
Cil Wel		Other	all service 1 . In		8. Well Name		
2. Name of Ope	erator EXPLORATION	0110	IΔA	1 2 6 2	Chacon Ami 9. API Well No		
3a. Address	EXPLORATION		3b. Phone No. (inclu	1 2 0 2111) de area coda)	30-043-212		
	BLOOMFIELD	NM 87413	505-632-3476 EX			ool, or Exploratory Area	
The second se		R., M., or Survey Description)	C. Cla		1	up Dakota West	
"P" Sec.2-T2	2N-R3W 660'	FSL X 660' FEL		م به من المراجع المراجع المراجع المراجع	111 County or Pa		
					Sandoval Co	ounty, NM	
12. CHECK AP	PROPRIATE BOX(ES) TO INDICATE NATUR	E OF NOTICE, REPO	RT, OR OTHER D	ATA		
TYPE OF SU	JBMISSION	TYPE OF ACTION		· ··· =			
Notice of In	tent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
		Alter Casing	Fracture Treat	Reclamation	l í	Well Integrity	
Subsequent	Report	Casing Repair	New Construction	Recomplete		Other TD	
🔲 Final Aband	lonment Notice	Change Plans	 Plug and Abandon Plug Back 	Temporarily Water Dispo		Production Casing	
If the proposal Attach the Bond Following comp Testing has bee	is to deepen directionall d under which the work letion of the involved op	ions (clearly state all pertinent det y or recomplete horizontally, give will be performed or provide the perations. If the operation results in andonment Notices shall be filed action.)	subsurface locations and m Bond No, on file with BI a multiple completion or	easured and true vertice M/BIA. Required sub recompletion in a new	al depths of all pe sequent reports shal interval, a Form (ntinent markers and zones. It be filed within 30 days 3160-4 shall be filed once	
of <u>5 1/2" 17#</u> FM cement. Lead cement	<u>J55 casing at 74</u> Tail with 280 sks t 550 sks and tail	C has drilled <u>a 7 7/8" ho</u> <u>117</u> '. First stage cement of cement. <u>Circulated</u> 3 ed in with 200 sks. We DV tool was set at 4719'.	was as follows: Le 0 bbls of <u>cement to</u> <u>circulate</u> d 40 bbls	ad with 170 sks o surface. Seco	s Premium Lit nd Stage cer	te . nent Ve used a	
						/ RECEIVE	D \
						1	
						FEB 06 2015	,
14. 1 hereby cert Name (Print	tify that the foregoing i	s true and correct	Title				
		rchuleta		Sr. Regul	atory Supervi	isor \ DISTRICT	
Signature	Х	$//\sim$	Date	Janua	ary 26, 2015		
		THIS SPACE	FOR FEDERAL OR S		<u>, 20, 20, 10</u>		
Approved by			Title	<u></u>	Date	······································	
Conditions of appr	oval if any, are attached	Approval of this notice does not	warrant or Office				
certify that the app		itable title to those rights in the su					
		crime for any person knowingly as to any matter within its jurisdi		ny department or age	ncy of the United	States any false, fictitious or	

(Instructions on reverse)

ACCEPTED FOR RECORD

FEB 02 i.e.

FARMINGTON FIELD OFFICE BY: William Tambekey

NMOCDM