RECEIVED

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Form 3160-5 (February 2005)	UNITED DEPARTMENT O		A.PR	07 20%		FORM APPROVED OMB No. 1004-0137	
	BUREAU OF LANI	D MANAGEMEN	Г			Expires: March 31, 2007	
			Farming	on Field Of	5. Lease Seria	ıl No.	
SUN	DRY NOTICES AND	REPORTS ON V	VELEES of La	and Manag	"NMSF07836 ement	60	
	e this form for propo well. Use Form 3160				6. If Indian, A	Allottee or Tribe Name	
	SUBMIT IN TRIPLICATE				7. If Unit of C	CA/Agreement, Name and/or No.	
1. Type of Well					132829		
					8. Well Name and No.		
Oil Well Gas Well Other					NE CHACO COM #174H		
2. Name of Operator WPX Energy Product	ion LLC				9. API Well N 30-039-31		
3a. Address	de area code)						
PO Box 640 Az	tec, NM 87410	505-333-1806			Chaco Unit NE HZ (Oil) (330')		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. Country or Parish, State		
SHL: 1519' FSL & 90' FWL SEC 13 23N 7W BHL: 1524' FSL & 267' FWL SEC 14 23N 7W					Rio Arriba, NM		
d 12.	CHECK THE APPROPRIAT	E BOX(ES) TO INDI	CATE NATUR	E OF NOTIC	E, REPORT OF	R OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTIO					1		
	Acidize	Acidize Deepen		Production (Sta	t/Resume) Water Shut-Off		
Notice of Intent	Alter Casing	Fracture Treat	I 🗌 1	Reclamation		Well Integrity	
. Subsequent Report	Casing Repair	New Constructi	on 🔲 I	Recomplete		Other EMERGENCY <u>NO FLAR SUNDRY FOR FLAR</u> EXTENSION	
	Change Plans	Change Plans Plug and Abandon Temporarily Abandon					
Final Abandonment	Convert to	Plug Back		Water Disposal		<u> </u>	
all pertinent markers subsequent reports r recompletion in a ne requirements, incluc	s and zones. Attach the Bond nust be filed within 30 days for	under which the work v ollowing completion of ust be filed once testing ompleted and the operation	vill be performe the involved of has been comp tor has determine	ed or provide berations. If the bleted. Final A hed that the si	the Bond No. on the operation rest abandonment No. te is ready for fi		
Flaring was not in			2/20/15 10 4/2	/15) and Niv	IOCD hare app	510Val (2/27/15 to 4/1/15).	
	OIL CONS. DIV DIST. 3			ACCENTED FOR RECORD			
	3 2015	2015 AVER V 8 22 3					
					nton field o	ambekon	
14. I hereby certify that the	foregoing is true and correct.						
Name (Printed/Typed)	Marton		Title PERM	IT TECH II	I		
Signature	NNHAK		Date 4/6/15				
	√T(HIS)\$PA	CE FOR FEDER	AL OR ST	ATE OFF	ICE USE		
Approved by							
	A		Title			Date	
Conditions of approval, if a or certify that the applicant lease which would entitle the	Office						
			any person know	vingly and wil	lfully to make to	any department or agency of the	
	titious or fraudulent statements					any asparanent of agoney of the	

NMOCD

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