RECEIVED

E SUNDR Do not use thi	UNITED STATES DEPARTMENT OF THE INTERIO BUREAU OF LAND MANAGEME Y NOTICES AND REPORTS ON is form for proposals to drill or II. Use Form 3160-3 (APD) for s	^{ENT} Farmington Field Bureau of Land Ma I WELLS r to re-enter an	FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007 Confice Expires: March 31, 2007 Confice Configuration State No-G-1401-1868 6. If Indian, Allottee or Tribe Name 791-45		
	BMIT IN TRIPLICATE – Other instruction	7. If Unit of CA/Agreement, Name and/or No.			
1. Type of Well Qil Well 2. Name of Operator WPX Energy Production, LL 3a. Address PO Box 640 Aztec, NI 4. Location of Well (Footage, S SHL: 2431' FSL & 427' FWL, SHL: 2431' FSL & 230' FWL,	3b. Phone No. (inc 505-333-1816 iec., T.,R.,M., or Survey Description) Sec 4, T23N, R8W	clude area code)	8. Well Name and No. Chaco 2308 4L #459H 9. API Well No. 30-045-35627 10. Field and Pool or Exploratory Area Nageezi Gallup / Basin Mancos 11. Country or Parish, State San Juan, NM		
	K THE APPROPRIATE BOX(ES) TO INDI	CATE NATURE OF NOTICE,	REPORT OR OTHER DATA		
TYPE OF SUBMISSION	<u>I </u>	TYPE OF ACTION			
Notice of Intent	Acidize Deepen Alter Casing Fracture Tree	Production (St	art/Resume) Water Shut-Off Well Integrity		
Subsequent Report	Casing Repair New Constru Change Plans Plug and Aba Convert to Plug Back Injection	andon Temporarily A	Recomplete Other BOP TEST Temporarily Abandon Water Disposal		
duration thereof. If the prop all pertinent markers and zo subsequent reports must be recompletion in a new inter requirements, including rec Per verbal approval from rig to the Chaco 2308-041 previous test inside the 3 9-5/8" surface casing for	leted Operation: Clearly state all pertinent de posal is to deepen directionally or recomplete ones. Attach the Bond under which the work filed within 30 days following completion of val, a Form 3160-4 must be filed once testing lamation, have been completed and the opera the BLM (Troy Salyers) and the NN L #459H and did a MIT test on the r 80 day interval window. The test th	horizontally, give subsurface lo will be performed or provide the f the involved operations. If the g has been completed. Final Aba ator has determined that the site MOCD (Brandon Powell) of required equipment that hat was conducted was a f r tests were charted on th	operation results in a multiple completion or ndonment Notices must be filed only after all is ready for final inspection.) on 3/19/15, Aztec #1000 skidded the had the seals broken from the 1,500 psi test on the well head and the ne previous well and since no other		
			OIL CONS. DIV DIST.		
14. I hereby certify that the forego Name (Printed/Typed) LACEY GRANILLO	ing is true and correct.	Title Permit Tech III	MAR 3 0 2015		
Signature	THIS SPACE FOR FEDER	Date 3/20/15	FUSE		

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.

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

ACCÉPTED FOR RECORD

MAR 2 4 20:5

FARMINGTON FIELD OFFICE

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Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007

(reonary 2003)	DEPARTMENT OF THE INT BUREAU OF LAND MANAG	CI & CI	2 0 2015	OMB No. 1004-0137 Expires: March 31, 2007		
			5. Lease Seria	al No.		
SUNDR Do not use th	Y NOTICES AND REPORTS is form for proposals to dri N. Los Form 2160-2 (ABD)	SON WELLS Farmingto	on Field Office	Hattas ar Teika Mana		
abandoned we	II. Use Form 3160-3 (APD)	for such proposals.	nd Management	Anotice of Tribe Name		
	IBMIT IN TRIPLICATE – Other inst	ructions on page 2.	7. If Unit of C	CA/Agreement, Name and/or No.		
1. Type of Well						
Oil Well	Gas Well Other		8. Well Name	e and No.		
2. Name of Operator WPX Energy Production, LL			9. API Well N	ło.		
3a. Address PO Box 640 Aztec, N	3b. Phone N	o. (include area code) 316	10. Field and	10. Field and Pool or Exploratory Area		
	Sec., T.,R.,M., or Survey Description)		11. Country o	r Parish, State		
	Y THE ADDODDIATE DOV(ES) TO					
TYPE OF SUBMISSION	K THE APPROPRIATE BOX(ES) TO	TINDICATE NATURE OF NOT				
	Acidize Deepe	· · · · · · · · · · · · · · · ·	on (Start/Resume)	Water Shut-Off		
Notice of Intent		re Treat Reclama		Well Integrity		
		Construction Recomp		Other BOP TESTING		
Subsequent Report	Change Plans Plug a	nd Abandon Tempora	ndon Temporarily Abandon			
Final Abandonment Notice	Convert to Plug E	ack Water D	isposal P	LM Variance		
	pleted Operation: Clearly state all pertir		starting date of any pro	posed work and approximate		
all pertinent markers and z subsequent reports must be	posal is to deepen directionally or recor- ones. Attach the Bond under which the filed within 30 days following comple	work will be performed or provi tion of the involved operations.	de the Bond No. on fil If the operation results	e with BLM/BIA. Required in a multiple completion or		
	rval, a Form 3160-4 must be filed once clamation, have been completed and the					
Per verbal conversations with	Troy Salyers.					
	ned on the first well on a pad when A		well to be drilled on t	he pad.		
	including a Accumulator Function test OP test that is occurring over the 30 d		ete BOPF test that wa	s nerformed on that equipment.		
During skids to other wells on	the same pad as long as the time fram	e is inside the 30 day interval fr	om last completed B(OPE test was performed on the		
	t to the equipment where a sealed po ot included in the previous test. On a					
current well (600 psi minimum	for 30 minutes) and the connection fi	om wellhead to the BOP(1,500	minimum psi for15 m	inutes).		
During normal drilling operation when no pipe is in the wellbor	ons once per day one of either the pipe e.	e rams or annular will be function	on tested. The blind ra	ams will be tested once per trip		
14. I hereby certify that the forego	ving is true and correct.					
Name (Printed/Typed)	mant -	Title Permit Tech III				
W	U MAUX					
Signature /	THIS SPACE FOR FE	Date 3/20/15	FICE USE			
Approved by				1 1		
Troy Sal	yers(//)	Title PE		Date 3 24 2015		
	attached. Approval of this notice does no al or equitable title to those rights in the su	t warrant or ibject lease Office				
which would entitle the applicant		Office FF6				
	Title 43 U.S.C. Section 1212, make it a cr or fraudulent statements or representation			department or agency of the		
(Instructions on page 2)		· · · · · · · · · · · · · · · · · · ·				