State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez Governor

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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: Well information:

| API WELL # | Well Name | Well # | Operator Name | Туре | Stat | County | Surf_Owner | UL | Sec | Тwp | N/S | RngW | // E |
|------------------|------------|-----------|------------------------|------|------|--------|------------|----|-----|-----|-----|------|-------------|
| 30-045-35548-00- | CHACO 2308 | 156H | WPX ENERGY PRODUCTION, | G | N | San | F | I | 24 | 23 | N | 8 W | , |
| 00 | 241 | | LLC | ļ | l | Juan | | | | | | | |

Application Type:

| | P&A | Drilling/Casing Change Location Change | Э |
|---|----------------|---|---|
| • | | plete/DHC (For hydraulic fracturing operations review EPA | |
| | Underground | niection control Guidance #84) | |

 \boxtimes Other: Casing test

Conditions of Approval:

Production casing was not tested for 30 minutes as required per rule 19.15.16.10.I(1). The casing was tested for a period of 16 minutes at 7500psi and 6 minutes at 1500psi. Both tests were short of the 30 minute requirement.

Attached are copies of the pressure test data provided

NMOCD Approved by Signature

5-13-15 Date

| Form 3160-5 (February 2005) | UNITED STAT DEPARTMENT OF THI BUREAU OF LAND MA | E INTERIOR | RECEIVED | FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007 | | | |
|---|--|--|---|---|--|--|--|
| SUNDR' | Y NOTICES AND REPO | ORTS ON WELLS | 5 | 5. Lease Serial No. NMNM110324 | | | |
| SL | IBMIT IN TRIPLICATE - Othe | er instructions on page | a 2 | 7. If Unit of CA/Agreement, Name and/or No. | | | |
| SUBMIT IN TRIPLICATE – Other instructions on page 2. 7. If Unit of CA/Agreement, Name a 1. Type of Well 7. | | | | | | | |
| Oil Well | | 8. Well Name and No. CHACO 2308-241 #156H | | | | | |
| 2. Name of Operator WPX Energy Production, LL | 9. API Well No. 30-045-35548 | | | | | | |
| 3a. Address PO Box 640 Aztec, N | M 87410 | : area code) | 10. Field and Pool or Exploratory Area Basin Mancos (660') | | | | |
| 4. Location of Well <i>(Footage, S</i> SHL: 1524' FSL & 233' FEL SF BHL: 1201' FSL & 230' FWL S | | 11. Country or Parish, State San Juan, NM | | | | | |
| 12. CHEC | K THE APPROPRIATE BOX(E | S) TO INDICATE NAT | TURE OF NOTICE, RE | EPORT OR OTHER DATA | | | |
| TYPE OF SUBMISSION | | | TYPE OF ACTION | ······································ | | | |
| Notice of Intent | Acidize | Deepen | Start/Resul | ne) Water Shut-Off nation Well Integrity | | | |
| . Subsequent Report | Casing Repair | New Construction Plug and Abando | n Tempo | Amended FINAL CASING | | | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Abandon Water | Disposal | | | |
| directionally or recomplete horizont provide the Bond No. on file with B recompletion in a new interval, a Fo | ally, give subsurface locations and measures LM/BIA. Required subsequent reports must | d and true vertical depths of all be filed within 30 days followi en completed. Final Abandonm | pertinent markers and zones. A ng completion of the involved | timate duration thereof. If the proposal is to deepen ttach the Bond under which the work will be performed or operations. If the operation results in a multiple completion or after all requirements, including reclamation, have been | | | |
| WPX would like to amend t | he following. | | | | | | |
| | оу, | | | nd pressure tested to 7500 psi for 15 | | | |
| Reported as: LC @ 10456' | | | | OIL CONS. DIV DIST. 3 | | | |
| Report now: LC @ 10424' | | | | MAY 1 3 2015 | | | |
| 14. I hereby certify that the forego Name (Printed/Typed) | ing is true and correct. | | | ····· | | | |
| LACEY GRANILLO | | | Title Permit Tecl | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Approved by | THIS SPACE FO | R FEDERAL OR | STATE OFFICE | USE | | | |
| · · · · · · · · · · · · · · · · · · · | F | | Title | Date | | | |
| Conditions of approval, if any, are the applicant holds legal or equitab applicant to conduct operations the | ble title to those rights in the subjec | | | | | | |
| | | | | ACCEPTED FOR RECORD | | | |
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