RECEIVED

	DEPARTMENT (D STATES DF THE INTERIOR ID MANAGEMENT	JUL 10 2		FORM APPROVED OMB No. 1004-0137 xpires: March 31, 2007
Do not use thi	s form for prop	REPORTS ON WELL	enter an	5. Lease Seria d RMM-2304 anagement 6. If Indian, A	l No. 45 Ilottee or Tribe Name
abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well Oil Well Gas Well Other				8. Well Name and No. Schalk 32 #4H	
2. Name of Operator WPX Energy Production, LLC				9. API Well No. 30-039-31107	
3a. Address PO Box 640 Aztec, NM 87410		3b. Phone No. (include area code) 505-333-1816		10. Field and Pool or Exploratory Area Basin Fruitland	
4. Location of Well <i>(Footage, S</i> SHL: 664' FSL & 1989' FWL, BHL:700' FSL & 700' FWL, S	Sec., T., R., M., or Survey sec 32 T31N 4W			11. Country or Parish, State Rio Arriba, NM	
12. CHEC	K THE APPROPRIAT	E BOX(ES) TO INDICATE N	ATURE OF NOTICE, I	REPORT OR OT	THER DATA
TYPE OF SUBMISSION TYPE OF ACTION					
Notice of Intent	Acidize	Deepen Fracture Treat	Production (Sta	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete		Other PROCEED WITH OPERATIONS
Final Abandonment Notice	Change Plans	Plug and Abandon Plug Back	Temporarily A Water Disposal		
all pertinent markers and ze subsequent reports must be recompletion in a new inter	oosal is to deepen directones. Attach the Bond u filed within 30 days for val, a Form 3160-4 mu		ally, give subsurface loo erformed or provide the olved operations. If the c n completed. Final Aba	cations and meas Bond No. on fil operation results ndonment Notic	ured and true vertical depths of e with BLM/BIA. Required in a multiple completion or es must be filed only after all
WPX is proceeding with c	ompletions opera	tions on the above ment	ioned well based o	n verbal appi	roval from state and BLM
after review of the cal and cast logs					
OIL CONS. DIV DIST 2				EPTANCE OF	THIS
OPERATOR FROM OBTAIN				ING ANY OTI	HER
JUL 16 2015 AUTHORIZATION REQUIRED FOR OPERATIONS ON FEDERAL AND INDIAN LANDS					
	\bigcirc				
14. I hereby certify that the forego Name (Printed/Typed) LACEY GRANILLO	ing is true and correct.	Title	PERMIT TECH III		
Signature	THUS		7/9/15	EURE	
Approved by	THIS SPA	CE FOR FEDERAL O	R STATE OFFIC	EUSE	1
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant t	al or equitable title to the	is notice does not warrant or se rights in the subject lease	Title Petrokum I Office FFD	Engineer	Date 07-13-2015
Title 18 U.S.C. Section 1001 and United States any false, fictitious				lly to make to any	department or agency of the

(Instructions on page 2)