			RECE	VED		
Form 3160-5	UNITED STA	ATES			FORM APPROVED	
(February 2005)	DEPARTMENT OF TH	HE INTERIOR	11 INT 0 2	2015	OMB No. 1004-0137	
В	UREAU OF LAND M	ANAGEMENT	JUN 03	2015	Expires: March 31, 2007	
				5. Lease	Serial No.	
SUNDRY	NOTICES AND REP	ORTS ON WELLS	mington Fi	eld Office NMN	IM 110324	
Do not use this	form for proposals	to drill or to Beret	ter and	Vanage manind	an Allottee or Tribe Name	
abandoned well.	Use Form 3160-3 ()	APD) for such pro	posals.	include generation.	an, motor of motor name	
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Uni	t of CA/Agreement, Name and/or No.	
1. Type of Well						
				9 11/0117	Name and No.	
Oil Well Gas Well Other			Chaco 2308 24H #154H			
2. Name of Operator						
WPX Energy Production, LLC				9. API Well No. 30-045-35549		
3a. Address		3b. Phone No. (include	area code)		d and Pool or Exploratory Area	
PO Box 640 Aztec, NM 87410		505-333-1808			Basin Mancos	
	ntion)			11. Country or Parish, State		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SHL: 1744' FNL & 195' FEL SEC 24 T23N R8W				San Juan, NM		
BHL: 1720' FNL & 236' FWL SE	EC 24 23N R8W				in outin, nin	
12. CHECK	THE APPROPRIATE BOX((ES) TO INDICATE NAT	URE OF NO	FICE, REPORT O	R OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION				CTION		
			Γ	Production		
Notice of Intent	Acidize	Deepen	(S	tart/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Ē	Reclamation Well Integrity		
	Casing Repair	New Construction	Ē	Recomplete	Other	
Subsequent Report					Oil delivery	
		Plug and Abandon Temporarily <u>On delivery</u> Abandon				
	Change Plans	Plug and Abandor	1 Al			
Final Abandonment Notice 13. Describe Proposed or Complet	Convert to Injection ted Operation: Clearly state a	Plug Back Il pertinent details, includ	ing estimated	starting date of any		
 Describe Proposed or Complet duration thereof. If the propos all pertinent markers and zone subsequent reports must be fil recompletion in a new interva requirements, including reclar The Oil was delivered as a l 	Convert to Injection ted Operation: Clearly state a sal is to deepen directionally es. Attach the Bond under wh led within 30 days following al, a Form 3160-4 must be fil mation, have been completed	Plug Back Ill pertinent details, includ or recomplete horizontally hich the work will be perfor completion of the involve ed once testing has been of and the operator has deter	ing estimated y, give subsur prmed or prov ed operations. ompleted. Fin	andon starting date of any face locations and ide the Bond No. of If the operation res al Abandonment N	measured and true vertical depths of on file with BLM/BIybA. Required sults in a multiple completion or lotices must be filed only after all	
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JUNO 4 2015 FARMINGTON FIELD OFFICE BY:_____

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