B SUNDRY Do not use this abandoned well	DEPARTMENT (BUREAU OF LAN	OF THE INTERIOR	AUG 0 6 2013		
abandoned wel		UNITED STATES DEPARTMENT OF THE INTERIO BUREAU OF LAND MANAGEMEN		FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007	
abandoned wel	NOTICES AND	REPORTS ON W	Farmington Field On Bureau of Land Manage ELLS	NMNM-2304	1 NO. 15
	s ionn ior prop		re-enter an	6. If Indian, A	llottee or Tribe Name
abandoned well. Use Form 3160-3 (APD) for such proposals.				7. If Unit of CA/Agreement, Name and/or No.	
SUBMIT IN TRIPLICATE – Other instructions on page 2. 1. Type of Well				NMNM- 124 8444	
Oil Well Gas Well Other				8. Well Name and No. Schalk 32 #4H	
2. Name of Operator				9. API Well No.	
WPX Energy Production, LLC 3a. Address 3b. Phone No. (incl.		3b. Phone No. (include	area code)	30-039-31107 ea code) 10. Field and Pool or Exploratory Area	
PO Box 640 Aztec, NM 87410 505-333-1816		505-333-1816	Basin Fruitland		nd
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SHL: 664' FSL & 1989' FWL, sec 32 T31N 4W BHL:714' FSL & 483' FWL, Sec 33, T31N, R4W				11. Country or Parish, State Rio Arriba, NM	
12. CHECK	K THE APPROPRIATI	E BOX(ES) TO INDICAT	TE NATURE OF NOTICE, F	REPORT OR OT	HER DATA
TYPE OF SUBMISSION TYPE OF ACTION					
Notice of Intent	Acidize	Deepen	Production (Sta	rt/Resume)	Water Shut-Off
	Alter Casing	Fracture Treat			Well Integrity
Subsequent Report	Casing Repair	New Construction		andon	Other GAS DELIVERY
Final Abandonment Notice			n Temporarily Al		
subsequent reports must be recompletion in a new inter-	filed within 30 days fol val, a Form 3160-4 mu lamation, have been co	llowing completion of the st be filed once testing has mpleted and the operator l	be performed or provide the involved operations. If the o s been completed. Final Abar has determined that the site is v rate was 950 mcfd.	peration results i idonment Notice	n a multiple completion or s must be filed only after all
Project Type: PERMANEN	IT DELIVERY			OIL	CONS. DIV DIST. 3
Casing Pressure: 660					AUG 1 9 2015
Tubing Pressure: 660					
Line Pressure: 69					
14. I hereby certify that the foregoi Name (Printed/Typed) LACEY GRANILLO	ing is true and correct.	Т	itle PERMIT TECH III		
Signature THIS SPACE FOR FEDERAL OR STATE OFFIC			EUSE		
Approved by					
Conditions of approval, if any, are a certify that the applicant holds legal					Date
which would entitle the applicant to			Office		
Title 18 U.S.C. Section 1001 and T				y to make carry	BARNER BECORP of the
United States any false, fictitious or					
United States any false, fictitious or (Instructions on page 2)				AU	6 1 3 2015

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