		100 m 100				
			RECEIV	'ED		
Form 3160-5 (February 2005) D	UNITED STA EPARTMENT OF TH	,	AUG 0 5	2015	FORM APPROVED OMB No. 1004-0137	
BU	JREAU OF LAND M	ANAGEMENT			Expires: March 31, 200	7
SUNDRY	NOTICES AND REP	ORTS ON WELLS	Farmington Fie	5. Lease Se d Officient	erial No:	
Do not use ans	torm to: proposalo	to ann or to reache	cr un	anagemen 6. If Indian	t i, Allottee or Tribe Nam	e
abandoned well. Use Form 3160-3 (APD) for such proposals.				a lott :	CO.1.1.	
1. Type of Well	IIT IN TRIPLICATE Ot	her instructions on page 2	)		of CA/Agreement, Name	e and/or No.
Oil Well Gas Well Other				8. Well Name and No. Schalk 32 #1H		
2. Name of Operator WPX Energy Production, LLC				9. API Well No. 30-039-31109		
3a. Address         3b. Phone No. (include area code)				10. Field and Pool or Exploratory Area		
PO Box 640 Aztec, NM 87410 505-333-1816				Basin Fruitland Coal		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 831' FNL & 997' FEL SEC 32 T31N R4W BHL: 691' FNL & 701' FWL SEC 32 T31N R4W				11. Country or Parish, State Rio Arriba, NM		
		ES) TO INDICATE NATU	RE OF NOTICE, R	EPORT OR	OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION						
Notice of Intent	Acidize	Deepen	Produ		Water Shut-Off	
	Alter Casing	Fracture Treat	(Start/Resu	ime) mation	Well Integrity	
	Casing Repair	New Construction	Recor		Other	<u>GAS</u>
				orarily	DELIVERY	
	Change Plans	Plug and Abandon	Abandon	-		
Final Abandonment Notice 13. Describe Proposed or Complete	Convert to Injection	Plug Back		r Disposal date of any n	ronosed work and anne	
all pertinent markers and zones subsequent reports must be file recompletion in a new interval requirements, including reclam The FC GAS was delivered Project Type: PERMANENT	ed within 30 days following , a Form 3160-4 must be fil aation, have been completed on 7/30/15 @ 1230 hrs	completion of the involved ed once testing has been con and the operator has determ	operations. If the op npleted, Final Aban nined that the site is	peration resul donment Not ready for fin	ts in a multiple complet ices must be filed only :	ion or after all
				U		51. 5
Casing Pressure: 270					AUG 1 9 201	ō
Tubing Pressure: 111						
Line Pressure: 60						
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Lacey Granillo				h III		
Signature			Date 8/5/15		• • · · · · · · · · · · · · · · · · · ·	
Approved by					CEPTED FOR R	
	V		Title		Date 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.			at he Office		AUG - 7 201	5
Title 18 U.S.C. Section 1001 and Title				to make to a		~
United States any false, fictitious or fra						
		NMOCDA			J	

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