Form 3160-5 (June 2015)

## **UNITED STATES**

NOV 1 4 2DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0137 xpires: January 31, 2018

		Expires	January 31
ease	Serial	No	

BUREA	•	5. Lease Serial No. JAN 108					
SUNDRY NOT Do not use this for Burabandoned well. Use	o re-enter ar	,	If Indian, Allottee or Tribe Name     Jicarilla Apache Nation  7. If Unit of CA/Agreement, Name and/or No.				
SUBMIT IN TRI	PLICATE - Other instruct	7					
1. Type of Well							
✓ Oil Well Gas Well Other					8. Well Name and No. Logos Jicarilla 24D		
2. Name of Operator Logos Operating, LL	LC	9	9. API Well No. 30-039-31339				
			(include area coa	de) 1	Field and Pool or Exploratory Area     Basin Mancos		
4. Location of Well (Footage, Sec., T., R., M.	1 11 11 11			11. Country or Parish, State			
807' FNL & 215' FWL (NW/NW) Sec 2	- West	Rio Arriba, NM					
12. CHECK	THE APPROPRIATE BOX	X(ES) TO IN	DICATE NATUR	E OF NOTIC	E, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION			TY	PE OF ACTI	ON		
✓ Notice of Intent	Acidize Alter Casing	Deep Hyd	oen raulic Fracturing	Produc Reclan	etion (Start/Resume) nation	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair  ✓ Change Plans	=	Construction and Abandon	Recom	rarily Abandon	Other	
Final Abandonment Notice	Convert to Injection		g Back	Water	Disposal		
the 4-1/2" production casing at app planned as follows and will be adjusted as follows and will be adjusted as 2% KCL @ 12.5ppg.  Stage 2: Preflush with 10bbls of FW with 133sks (273cu. ft.) Premium Li Stage 3: Preflush with 10bbls of FW with 124sks (170cu. ft.) Type III cer	sted based on actual con olumes of mud & preflus V. Lead with 221sks (478 ite HS FM with .25 lbs/sk V. Lead with 459sks (990	nditions: sh with 10bb 8cu. ft.) Pre- k cello flake 0cu. ft.) Pre-	ols of FW. Lead v mium Lite FM wi @ 12.5ppg. 509 mium Lite FM wi	with 283sks of th 3% Calciu % excess to th 3% Calciu	(582cu.ft) Premium im Chloride and .25 circ to surface. im Chloride & .24 lb	Lite HS FM with .25 lbs/sk cello lbs/sk cello flake @ 12.1ppg. Tail	
with 1245k5 (17000. It.) Type III Cel	Herit Will 176 Calcium C	filloride @ 1	4.0ppg. 30 % ex	cess to circ t	1000	NS. DIV DIST. 3	
					N	OV 0 9 2015	
14. I hereby certify that the foregoing is true	and correct. Name (Printe	ed/Typed)		_			
Tamra Sessions			Regulatory Specialist Title				
Signature Tanfessins			Date		11/04/2015		
	THE SPACE F	OR FED	ERAL OR ST	ATE OFIC	E USE		
Approved by  Abdugady  Conditions of approval if any, are attached. A certify that the applicant holds legal or equita				PE	D	ate 11/05/15	

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.