Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

5. Lease Serial

FORM APPROVEI OMB No. 1004-013 Expires: January 31, 20	7
l No. JAN 146	25

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			37	A. Fa-	200										
			6. If Indian, Allottee or Tribe Name Tington Floring Jicarilla Apache Nation												
SUBMIT IN TRIPLICATE - Other instructions on page 2 1. Type of Well Oil Well Gas Well Other 2. Name of Operator Logos Operating, LLC 3a. Address 4001 North Butler Ave, Bldg 7101 Farmington, NM 87401 3b. Phone No. (include area code) (505) 436-3790					7. If Unit of CA/Agreement, Name and/or No. 8. Well Name and No. Logos Jicarilla 9P 9. API Well No. 30-039-31338 10. Field and Pool or Exploratory Area Basin Mancos										
								4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 901' FSL & 1063' FEL (SE/SE) Sec 9, T25N, R05W, UL P					11. Country or Parish, State Rio Arriba, NM		
								12. CHE	CK THE APPROPRIATE B	OX(ES) TO IN	DICATE NATUR	E OF NOT	ICE, REPORT OR OTH	ER DATA	
								TYPE OF SUBMISSION			TY	PE OF AC	TION		
								□ Notice of Intent ✓ Subsequent Report	Acidize Alter Casing Casing Repair Change Plans	Hyd	epen draulic Fracturing w Construction g and Abandon	Reci	duction (Start/Resume) lamation omplete porarily Abandon	Water Shut-Off Well Integrity ✓ Other Spud Report	
Final Abandonment Notice	Convert to Injection	Plu	g Back	Wate	er Disposal										
11/19/15 RIH CO to bottom, To (59bbls, 330cf) Type III cmt @ 20bbls cmt to surface. RDRR Pressure test will be reported of	9 14.6ppg, w/1% CaCl, .25 @ 17:15hr on 11/19/15. on next sundry. ✓	:#/sx Celloflak	v DIST. 3	rop plug &	displace w/41 bbls F\	W. Bump plug @ 16:	30hr, <u>circ</u>								
	,														
	DEC 0 4 2015				NOV 3.0 2015										
					FARMINGTON BY: Willia	MELD OFFICE m Tambekou									
4. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)			Regulatory Specialist												
Tamra Sessions		Title	Title Regulatory Specialist												
Signature Tandonin		Date		11/24/2015											
	THE SPACE	FOR FED	ERAL OR ST	ATE OF	ICE USE		411								
Approved by			Title		D	ate									
Conditions of approval, if any, are attack certify that the applicant holds legal or e which would entitle the applicant to con	nt or														
Title 18 U.S.C Section 1001 and Title 43 any false, fictitious or fraudulent statement				ly and will	fully to make to any dep	partment or agency of the	United States								