Form 3160-5	UNITED STA		FORM APPROVED	
(August 2007) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			OMB No. 1004-0137	
	BUREAU OF LAND MANAGEMENT		Expires: July 31, 2010 5. Lease Serial No.	
			SF-078433	
	INDRY NOTICES AND REI se this form for proposals		6. If Indian, Allottee or Tribe Name	
abandone	d well. Use Form 3160-3	(APD) for such propos	als.	
2. 2. 11 1. 11 1. 1	SUBMIT IN TRIPLICATE - Other in	nstructions on page 2.	7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well				
Oil Well	X Gas Well Other		8. Well Name and No. Newsom 2	
2. Name of Operator	5083		9. API Well No.	
	ngton Resources Oil & Ga		30-045-05825	
3a. Address PO Box 4289, Farming	jton, NM 87499	3b. Phone No. (include area ca (505) 326-970	0 Ballard PC / Basin FC	
4. Location of Well (Footage, Sec., T. Unit M (	"R.,M., or Survey Description) SWSW), 1150' FSL & 990'	FWL, Sec. 17, T26N, R	8W 11. Country or Parish, State San Juan , New Mexico	
12. CHECK	THE APPROPRIATE BOX(E	S) TO INDICATE NATURE	OF NOTICE, REPORT OR OTHER DATA	
TYPE OF SUBMISSION		TYPE	OF ACTION	
X Notice of Intent	Acidize	Deepen	Production (Start/Resume) Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete X Other	
BY	Change Plans	Plug and Abandon	Temporarily Abandon 2nd Squeez	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	
	170' - 185' w/ NEAT cmt by ed.		g leak from 170' - 185'. Requested permission on the inside and holding pressure on it. Verba	
24 hours				
			ACTION DOES NOT RELIEVE THE LESSEE AND	
	EE ATTACHED FOR		OPERATOR FROM OBTAINING ANY OTHER	
CONE	DITIONS OF APPRO	VAL	AUTHORIZATION REQUIRED FOR OPERATIONS ON FEDERAL AND INDIAN LANDS	
14. I hereby certify that the foregoing	is true and correct. Name (Printed/Ty)	ped)	Regulatory Coordinator	
	and the second second	Title		
Signature	he Wilk	en Date l'à	2/15/15	
0	THIS SPACE FO	OR FEDERAL OR STAT	TE OFFICE USE	
Approved by	AND A DECIMAN	a phinter of the la	0	
Abdelgadir Conditions of approval, if any, are atta		Tit	tie PE Date 12-16-	
that the applicant holds legal or equital entitle the applicant to conduct operation	ble title to those rights in the subject le		Fice FFO	
Title 18 U.S.C. Section 1001 and Title	43 U.S.C. Section 1212, make it a crit		willfully to make to any department or agency of the United States ar	
false, fictitious or fraudulent statement	s or representations as to any matter w			
(Instruction on page 2)		NMOCD /	ev.	

2

## **BLM CONDITION OF APPROVAL**

## CASING REPAIR, WORKOVER AND RECOMPLETION OPERATIONS:

- 1. If casing repair operations are needed, obtain prior approval from this office before commencing repairs. If a CBL or other logs are run, provide this office with a copy.
- 2. After any casing repair operations, test cement squeeze to a minimum of 500# for 30 minutes with no more than 10 % pressure fall off in the 30 minute test period. Provide test chart with your subsequent report of operations
- 3. A properly functioning BOP and related equipment must be installed prior to commencing workover, casing repair, and/or recompletion operations.
- 4. Contact this office at (505) 564-7750 prior to conducting any cementing operations

## SPECIAL STIPULATIONS:

- 1. Pits will be fenced during work-over operation.
- 2. All disturbance will be kept on existing pad.
- 3. All pits will be pulled and closed immediately upon completion of the recompletion and work-over activities.
- 4. Pits will be lined with an impervious material at least 12 mils thick.