## RECEIVED

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FORM AI	PPROVED
OMB No.	1004-0137

	DEPARTMENT OF TH UREAU OF LAND M		Farminoto	Eleia O		3 No. 1004-0137 s: March 31, 2007	
	NOTICES AND REP		Bureau of Lar	C5. Lease	Serial No		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name Jicarilla Apache Nation				
SUB	MIT IN TRIPLICATE - Ot	her instructions on page 2		17 Constant Products		greement, Name and/or No.	
1. Type of Well			1.51				
🛛 Oil Well 🗌 G	as Well Other			8. Well N Logos		No.	
2. Name of Operator	36-			9. API W		150	
WPX Energy Production, LLC 3a, Address	-	3b. Phone No. (include an	ag code)		043-211	Moleco	
PO Box 640 Aztec, NM	87410	505-333-1822	eu couej	<ol> <li>Field and Pool or Exploratory Area Wildcat Gallup</li> </ol>			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1640' FNL & 2250' FEL Sec 5 T22N 5W				11. Country or Parish, State Sandoval, NM			
12. CHECK	THE APPROPRIATE BOX(	ES) TO INDICATE NATUR	RE OF NOTICE, R	EPORT OR	OTHER	DATA	
TYPE OF SUBMISSION		TY	PE OF ACTION				
Notice of Intent	Acidize	Deepen	Start/Resu		W	ater Shut-Off	
	Alter Casing	Fracture Treat	Recla	mation	W	ell Integrity	
_	Casing Repair	New Construction	Recor	nplete	Of Of	ther Shut-In Status	
Subsequent Report	Change Plans	Plug and Abandon	Abandon	orarily			
Final Abandonment Notice	Convert to Injection	Plug Back		Disposal			
within 30 days following compl must be filed once testing has be and the operator has determined WPX Energy Production, LL	een completed. Final Abandon I that the site is ready for final C requests Shut-In sta	ment Notices must be filed onl inspection.) tus for the Logos #8 we	ly after all requireme	ents, includin	ng reclama	ition, have been completed	
approval with the Jicarilla Apresources in the reservoir a		ation and well are monif					
		IL CONS. DIV DIST. JAN 14 2016	3 ACTION DO OPERATOR	OES NOT R FROM O LATION R	RELIEV OBTAINI EQUIRE	PTANCE OF THIS THE LESSEE AND ING ANY OTHER TO FOR OPERATIONS LANDS	
14. I hereby certify that the foregoing Name (Printed/Typed) Heather Riley	; is true and correct.	г	Title Regulatory	Manager	r		
Signature	THIS SPACE F	FOR FEDERAL OR ST	Date 01/05/2016				
Approved by / /+//.	TI		1			1/11/2 10	
Conditions of approval, if any, are att the applicant holds legal or equitable applicant to conduct operations thereo	title to those rights in the subje	does not warrant or certify that ect lease which would entitle th	t	E.	Date	01/11/2016	
Title 18 U.S.C. Section 1001 and Titl United States any false, fictitious or f				to make to	any depar	tment or agency of the	
(Instructions on page 2)							

UNITED STATES

Form 3160-5

## MOCD Accepted For Record