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Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FEB 0 2 2016

FORM APPROVED OMB No. 1004-0137 Expires: March 31, 200

	OF THE INTERIOR			Expires: March 31, 2007
BUREAU OF LAN	ND MANAGEMENT	ton Floid Office		The state of the s
SUNDRY NOTICES AND	REPORTS ON WE	rmington Field Offic LLS Land Manager	5. Lease Seria NMNM 02	I No. 8735
Do not use this form for prop			6. If Indian, A	llottee or Tribe Name
abandoned well. Use Form 316			7 1611-1-1-60	A/A
SUBMIT IN TRIPLICATE – Other instructions on page 2.			NMNM 13	A/Agreement, Name and/or No. 2829
1. Type of Well				
Col Well Con Well Cohen			8. Well Name and No. NE Chaco Com #266H	
Oil Well Gas Well Other 2. Name of Operator			9. API Well No.	
WPX Energy Production, LLC			30-039-31263	
3a. Address 3b. Phone No. (include area code)		10. Field and Pool or Exploratory Area		
O Box 640 Aztec, NM 87410 505-333-1808		Chaco Unit NE HZ		
4. Location of Well (Footage, Sec., T.,R,M., or Survey Description) SHL: 1437' FNL & 195' FWL SEC 8 23N 6W BHL: 1561' FNL & 229' FEL SEC 8 23N 6W			11. Country or Parish, State Rio Arriba, NM	
12. CHECK THE APPROPRIA	ATE BOX(ES) TO INDICAT	TE NATURE OF NOTIC	E, REPORT OR	OTHER DATA
TYPE OF SUBMISSION		TYPE OF ACTION		
	Пъ			
Notice of Intent Acidize Alter Casing	Deepen	Production (St	Well Integrity	
	Fracture Treat	Reclamation		
Subsequent Report Casing Repair	New Construction	Recomplete		Other NO FLARE SUNDRY FOR EXTENSION
Change Plans	Plug and Abandon	Temporarily A	bandon	
Final Abandonment Convert to Injection	Plug Back	Water Disposa	1	-
subsequent reports must be filed within 30 days recompletion in a new interval, a Form 3160-4 requirements, including reclamation, have been Flaring was not necessary during the time	must be filed once testing has completed and the operator l	s been completed. Final A has determined that the s	Abandonment No ite is ready for fi	otices must be filed only after all nal inspection.)
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	ACCEPTE	FOR RECORD	0	IL CONS. DIV DIST. 3
	FEB	0 3 2016		FEB 0 5 2016
		ONFIELD OFFICE		
	BY:/	mudan:		
				State of the second
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)				
Lacey Granillo	Title	e Permit Tech III		
MARAN				
Signature		te 2/3/16		A-9-
THIS SP	ACE FOR FEDERAL	L OR STATE OFF	ICE USE	
Approved by				
		Title		Date
Conditions of approval, if any, are attached. Approval of or certify that the applicant holds legal or equitable title lease which would entitle the applicant to conduct opera	to those rights in the subject	Office		
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section United States any false, fictitious or fraudulent statemen				any department or agency of the

NMOCD

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