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Form 3160-5 UNITED STATES (March 2012) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT					FORM APPROVED OMB No. 1004-0137 5. Lease Serial No. NM 0558141				
Do not use this	NOTICES AND REPO form for proposals to Use Form 3160-3 (A	to drill or t	o re-enter a	an - aroun	Citring and Manage	ment	e Name		
SUBI	7. If Unit of CA/Agreement, Name and/or No.								
i. Type of Well Oil Well Gas Well Other					8. Well Name and No. Old Rock Com 1				
2. Name of Operator Logos Operating, LLC	9. API Well No. 30-039-20353								
3a. Address 4001 North Butler Avenue, Building 7101 Farmington, NM 87401	(include area code)       10. Field and Pool or E         Ballard Pictured Cliffi								
<ol> <li>Location of Well (Footage, Sec., 2 790' FSL, 1850' FEL (SW/SE) Section 28, T25N, R6W, UL O</li> </ol>	j.	11. County or Parish Rio Arriba County,							
12. CHI	ECK THE APPROPRIATE BO	X(ES) TO INI	DICATE NATU	RE OF NOTIC	E, REPORT OR OTH	ER D	ATA		
TYPE OF SUBMISSION									
Notice of Intent	Acidize	Deep Frac	ben ture Treat	_	uction (Start/Resume)		Water Shut-Off Well Integrity		
Subsequent Report	Casing Repair	=	Construction and Abandon	-	mplete orarily Abandon		Other Redelivery		
Final Abandonment Notice	Convert to Injection	Plug	Back	Water	r Disposal				
This well was shut in more than 90 TP: 11 CP: 11 Initial MCF: 20 Meter No.:7093 Gas Co.: ENT	days to build pressure and	was redeliver	red on 06/10/16	ACCEP	TED FOR RECORD	OIL	. CONS. DIV DIST. 3		
						OIL.	. OONS. DIV DIST. 3		
							JUN 2 9 2016		
14. I hereby certify that the foregoing is	true and correct. Name (Printed	VTyped)							
Tamra Sessions	1		Title Regulat	ory Specialis	t				
Signature Tang	terrior		Date 06/23/2	016					
	THIS SPACE F	FOR FEDE	RAL OR ST	ATE OFF	ICE USE				
Approved by									
Conditions of approval, if any, are attached that the applicant holds legal or equitable entitle the applicant to conduct operations		tify							
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repr				and willfully to	make to any department	or age	ncy of the United States any false,		
(Instructions on page 2)									

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