

RECEIVED

Form 3160-5
(February 2005)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

JUN 23 2016

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

Farmington Field Office
Bureau of Land Management

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.

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

WPX Energy Production, LLC

3a. Address

PO Box 640 Aztec, NM 87410

3b. Phone No. (include area code)

505-333-1816

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SHL: 1038' FNL & 324' FEL, Sec 25, T31N, R6W

BHL: 434' FNL & 560' FWL, Sec 26, T31N, R6W

5. Lease Serial No.
NMSF-078771

6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.

NMNM 78407E

8. Well Name and No.

Rosa Unit #651H

9. API Well No.

30-039-31326

10. Field and Pool or Exploratory Area
Basin Mancos

11. Country or Parish, State

Rio Arriba, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	TA REQUEST
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

WPX is requesting TA status per attached pressure test chart, completed on 5/27/16

OIL CONS. DIV DIST. 3

JUL 25 2016

TA approval will expire 6/21/17

14. I hereby certify that the foregoing is true and correct.	
Name (Printed/Typed) Lacey Granillo	Title Permit Tech III
Signature	Date 6/28/16

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

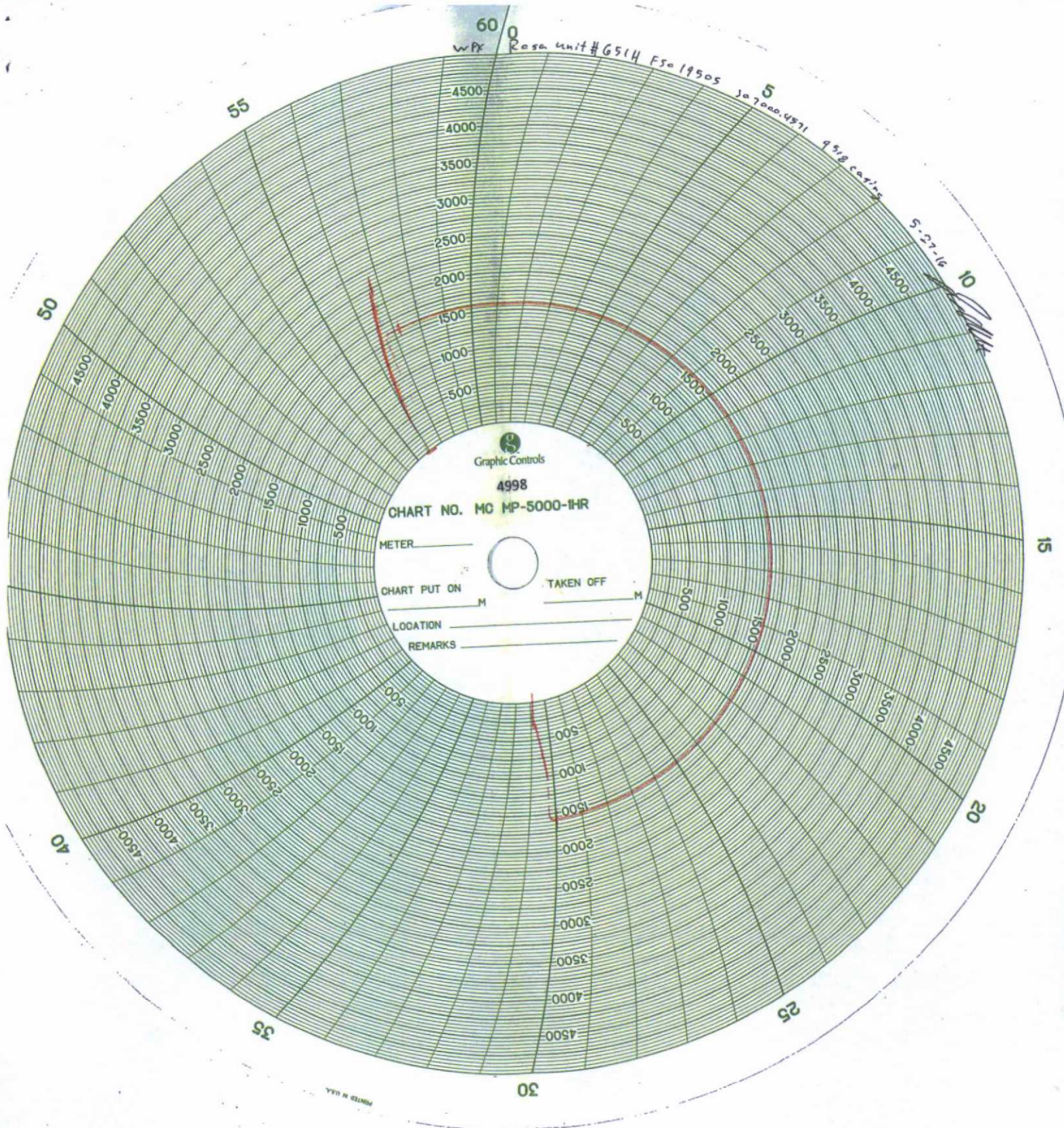
Approved by AG Elmadori	Title PE	Date 6/29/16
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		
Office FFU		

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

NMOCDA

WPR Rosa unit # G514 F5a 19505
Ja 7000.4571 9512 casing



Graphic Controls

4998

CHART NO. MC MP-5000-IHR

METER _____

CHART PUT ON _____

TAKEN OFF _____

LOCATION _____

REMARKS _____

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