Form 3160-5 (August 2007)

entitle the applicant to conduct operations thereon.

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED OMB NO. 1004-0137 Expires July 31, 2010

5. Lease Serial No.

JUL 1 8 2015 NMSF079609

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	JUL 1 8 2015	
Do not use thi	is form for	propo	sals to drill	or to	o re-enter	an Propington	

6. If Indian, Allottee or Tribe Name

abandoned well. Use F	orm 3160-3 (APD) fo	or such pro	posals gton dreau of Land	Field Office					
abandoned well. Use Form 3160-3 (APD) for such proposals given Field Office SUBMIT IN TRIPLICATE - Other instructions on page 2						7. If Unit or CA/Agreement, Name and/or No			
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator					8. Well Name and No.  McCroden A #8				
ENERGEN RESOURCES CORPORATION					0 4 PK HI H				
3a. Address		3h Phone	No. (include are	en code)	9. API Well				
2010 Afton Place, Farmington, NM		505-325-6800			30-039-24059  10. Field and Pool, or Exploratory Area				
4. Location of Well (Footage, Sec., T., R., M., or Surv	303	323 0000			esaverde	pioratory Area			
1120 FSL 1737 FWL Sec 9 25N 03W (									
1120 200 2707 2712 000 7 201 007	1120 ESL 1737 EML SEC 9 25M 05M (N) SE/5M					or Parish, Sta	te		
					Rio Arri	ba	NM		
12. CHECK APPROPRIA	ATE BOX(ES) TO IN	NDICATE N	ATURE OF N	NOTICE, REPO					
TYPE OF SUBMISSION		TY	PE OF ACTION						
Notice of Intent	Acidize	Dec	epen	Productio	n (Start/Resume)	Wate	r Shut-Off		
	Alter Casing	Fra	cture Treat	Reclamati	ion	Well	Integrity		
x Subsequent Report				H					
	Casing Repair		w Construction	Recomple		X Other			
Final Abandonment Notice	Change Plans	Plu	g and Abandon	Temporar	ily Abandon	Change	of Operator		
	Convert to Injec	tion Plu	g Back	Water Dis	sposal				
LOGOS Operating, LLC has success	eded Energen Reso	urces Cor	coration a		IL CONS.				
			OPERATOR AUTHORIZ	PROVAL OR OES NOT RE R FROM OBT ZATION REQ AL AND IND	ACCEPTA LIEVE TH	NCE OF THE E LESSEE NY OTHER			
14. I hereby certify that the foregoing is true and corn Name (Printed Typed)  Gary Brink  Signature	N /	Title Date		President -			rations		
	HIS SPACE FOR FE	DERAL OF	STATE OF	FICE USE					
Approved by		7	itle			Date	-1		
1504 Salvers			PE				31/2016		
Conditions of approval, if any, are attached. Approval of this	s notice does not warrant or co	ertify that	Office						