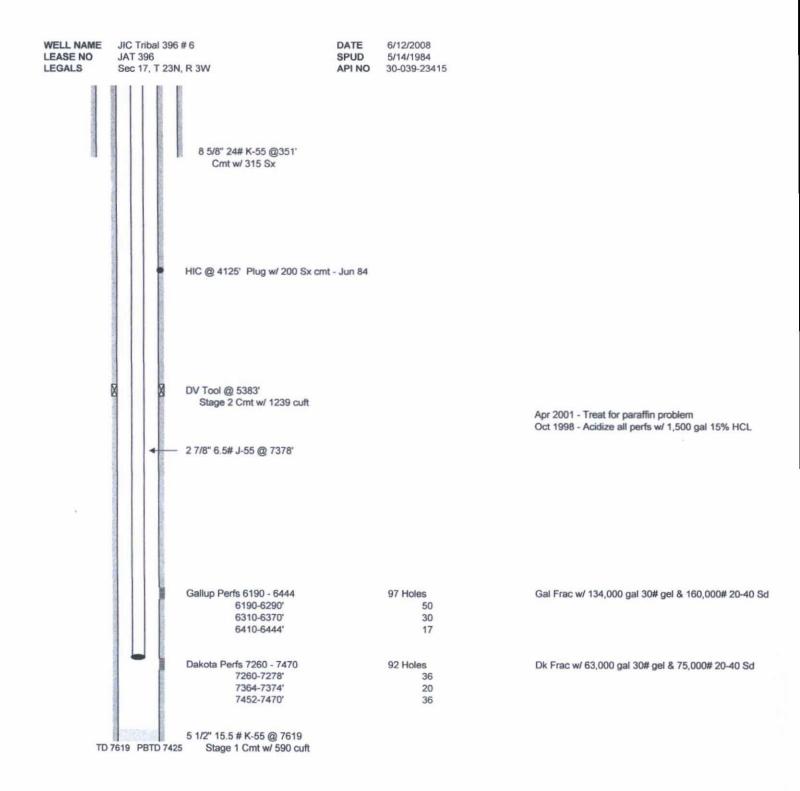
·	IDUTED OT A	CDC	RECEIVED	F	ORM APPROVED
Form 3160- 5	UNITED STAT			0	MB No. 1004-0137
(March 2012)	DEPARTMENT OF THI	E INTERIOR	100 1 2 000		ires: October 31, 2014
	BUREAU OF LAND MA	NAGEMENT	AUG 1 1 2019	5. Lease Serial No.	
				Ji	carilla Tribal 396
S	UNDRY NOTICES AND REI	PORTS ON WELL	Succession	6. If Indian, Allottee	, or Tribe Name
Dr	o not use this form for proposals	o drill or to re-enter a	mington Field O	tice	
aba	andoned well. Use Form 3160-3 (A	PD) for such proposa	d'of Land Manag		Jicarilla Apache
		b) for such propose	10.		
SUBMIT I	N TRIPLICATE - Other Instruct	ions on page 2.		7. If Unit or CA/Ag	reement Name and/or No.
		1 3			
1. Type of Well				0.117.11.51	
Oil Well	Gas Well Other			8. Well Name and N	
				Jicarilla Tribal	396 No. 006
2. Name of Operator				9. API Well No.	
Enervest Operating, LLC				30-039-23415	
3a. Address	TN 77003 (707	3b. Phone No. (incl	lude area code)		l, or Exploratory Area
1001 Fannin St., Suite 800 Houst		713-659-3500		West Lindrith G	
the second s	c., T., R., M., or Survey Description,	2		11. County or Par	
Sec. 17, T 23N, R 03W 790 FN				Rio Arriba Coun	ity, NM
12. CHECK THE APPRO	OPRIATE BOX(ES) TO INDICAT	E NATURE OF NOT	ICE, REPORT, OR	OTHER DATA	
TYPE OF SUBMISSION		Т	YPE OF ACTION		
X Notice of Intent	Acidize	Deepen	V Production	(Start/Resume)	Water Shut-Off
A Nonce of Intent		Deepen	AFroduction	(Start Resume)	water Shut-Off
	Alter Casing	Fracture Treat	Reclamatio	n	Well Integrity
Subsequent Report	X Casing Repair	New Construction	Recomplete		Other
		≓.	<u> </u>		
Br	Change Plans	Plug and Abandon	Temporaril	y Abandon	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disp	osal	
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration ff the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with the BLM/BIA. Required subsequent reports must be filed within 31 following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed or the subsequent reports.					
testing has been completed. Fir	ial Abandonment Notice must be fil	ed only after all requir	ements, including r	eclamantion, have	been completed, and the operator h
Bradenhead test conducted 0	7/07/16 indicates a failure (RBD)	AS MPK1619357773)	. In order to com	ply with Rule 19.1	5.16.11, prevent waste and
	st Operating, LLC respectfully su				
(See attached Wellbore Diag	ram and Gas Analysis).				
1. Notify NMOCD 24 hours before work is initiated.				OIL CON	S. DIV DIST. 3
2. Test anchors, MIRU, ND WH, NU BOP.				OIL CON	0.011 0101.0
3. Fish out any Plungers or BS. Pull tubing.				ALLC	1 7 2016
4. RIH w/ Gauge Ring and Casing Scraper if necessary.				AUG	1 7 2016
	BP @ 6,000'. PU, set PKR and te				
	stablish pump rates and pressures	i.			
7. SQZ CSG leak. SDON.					
	otify Aztec NMOCD to witness M	IT and Bradenhead	test.		
9. RIH and retrieve RBP.					
9. Land tubing, swab well.			5	SEE ATTAC	HED FOR
10. RDMO					FAPPROVAL
11. Return well to production	1.		CON	Difficitio Ci	
14.					
Sh	elly Doescher	Title		Agent	t
Signature 1 2 00	0 1	Date		August 10,	2016
tolly	THIS SPACE FO				
Approved by	THIS SPACE FO	R FEDERAL OR ST	TATE OFFICE US		
Approved by A 5/2					
Conditions of approval, if any are attached. Approval of this notice does not warrant or ca				Date 8/15/16	
that the applicant holds legal or equ	uitable title to those rights in the sub	ject lease which wOf	fice	EN	
entitle the applicant to conduct ope	rations thereon.		F	10	

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 any department or agency of the Unit fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

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2030 Afton Place Farmington, NM 87401 (505) 325-6622

Analysis No: EN160119 Cust No: 25400-11730

Well/Lease Information

Customer Name:	ENERVEST
Well Name:	JICARILLA APACHE TRIBE 396-6; BHD
County/State:	RIO ARRIBA NM
Location:	
Field:	
Formation:	GALLUP/DAKOTA
Cust. Stn. No .:	

Source:	BRADENHEAD
Pressure:	PSIG
Sample Temp:	DEG. F
Well Flowing:	N
Date Sampled:	07/28/2016
Sampled By:	BILL JULIAN
Foreman/Engr.:	

Remarks:

Analysis				
Component::	Mole%:	**GPM:	*BTU:	*SP Gravity:
Nitrogen	9.651	1.0650	0.00	0.0933
CO2	0.715	0.1220	0.00	0.0109
Methane	69.762	11.8650	704.60	0.3864
Ethane	9.976	2.6770	176.55	0.1036
Propane	5.990	1.6560	150.71	0.0912
Iso-Butane	0.650	0.2130	21.14	0.0130
N-Butane	1.799	0.5690	58.69	0.0361
I-Pentane	0.415	0.1520	16.60	0.0103
N-Pentane	0.428	0.1560	17.16	0.0107
Hexane Plus	0.614	0.2750	32.36	0.0203
Total	100.000	18.7500	1177.81	0.7759

* @ 14.730 PSIA DRY & UNCORRECTED FOR COMPRESSIBILITY

**@ 14.730 PSIA & 60 DEG. F.

COMPRESSIBLITY FACTOR	(1/Z):	1.0035
BTU/CU.FT (DRY) CORRECTED	FOR (1/Z):	1184.6
BTU/CU.FT (WET) CORRECTED) FOR (1/Z):	1164.0
REAL SPECIFIC GRAVITY:		0.7782

DRY BTU @ 14.650:	1178.2
DRY BTU @ 14.696:	1181.9
DRY BTU @ 14.730:	1184.6
DRY BTU @ 15.025:	1208.3

GPM, BTU, and SPG calculations as shown above are based on current GPA factors.

CYLINDER #:	ENERVEST 6
CYLINDER PRESSURE:	127 PSIG
DATE RUN:	7/29/16 8:25 AM
ANALYSIS RUN BY:	PATRICIA KING



ENERVEST

WELL ANALYSIS COMPARISON

Lease: JICARILLA APACHE TRIBE 396-6; BHD

BRADENHEAD GALLUP/DAKOTA 07/29/2016 25400-11730

Stn. No.: Mtr. No.:

Smpl Date: Test Date: Run No:	07/28/2016 07/29/2016 EN160119
Nitrogen:	9.651
CO2:	0.715
Methane:	69.762
Ethane:	9.976
Propane:	5.990
I-Butane:	0.650
N-Butane:	1.799
I-Pentane:	0.415
N-Pentane:	0.428
Hexane+:	0.614
BTU:	1184.6
GPM:	18.7500
SPG:	0.7782

BLM CONDITION OF APPROVAL

CASING REPAIR, WORKOVER AND RECOMPLETION OPERATIONS:

- 1. If casing repair operations are needed, obtain prior approval from this office before commencing repairs. If a CBL or other logs are run, provide this office with a copy.
- 2. After any casing repair operations, test cement squeeze to a minimum of 500# for 30 minutes with no more than 10 % pressure fall off in the 30 minute test period. Provide test chart with your subsequent report of operations
- 3. A properly functioning BOP and related equipment must be installed prior to commencing workover, casing repair, and/or recompletion operations.
- 4. Contact this office at (505) 564-7750 prior to conducting any cementing operations

SPECIAL STIPULATIONS:

- 1. Pits will be fenced during work-over operation.
- 2. All disturbance will be kept on existing pad.
- 3. All pits will be pulled and closed immediately upon completion of the recompletion and work-over activities.
- 4. Pits will be lined with an impervious material at least 12 mils thick.