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Form 3160-5 (March 2012) DE BUF	UNITED STATE PARTMENT OF THE REAU OF LAND MAN	INTERIOR	FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014 5. Lease Serial No. MMNM0209374					
SUNDRY I Do not use this abandoned well.	NMNM0309374 6. If Indian, Allottee or Tribe Name							
SUBM	7. If Unit of CA/Agreement, Name and/or No.							
1. Type of Well Oil Well Gas V	8. Well Name and No. C J Holder 200							
2. Name of Operator LOGOS Operating, LLC	9. API Well No. 30-045-34949							
3a. Address	. (include area c	(include area code) 10. Field and Pool or E			xploratory Area			
Farmington, NM 87401					Basin Fruitland Coa			
4. Location of Well (Footage, Sec., T. 1179' FNL, 1452' FWL (NE/NW) Section 27, T28N, R13W, UL C		11. County or Parish, State San Juan County, NM						
12. CHE0	CK THE APPROPRIATE BO	DX(ES) TO INI	DICATE NATU	RE OF NOTIO	CE, REPORT OR OTH	ER DATA		
TYPE OF SUBMISSION			Т	YPE OF ACT	ION			
Notice of Intent	Acidize	Deep Frac	oen ture Treat	_	uction (Start/Resume) amation	Water Shut-	ty .	
Subsequent Report	Casing Repair		Construction		mplete	Other Res	cind APD	
Final Abandonment Notice	Convert to Injection	Plug	and Abandon Back		oorarily Abandon r Disposal			
LOGOS respectively requests to refinal expiration date of 12/20/16.		IS. DIV DIS		this well will	not be anned in the r	iew luture, and it i	s nearing the	
	SE	P 06 201	Ô	ACTIC OPER AUTH	APPROVAL OR AC IN DOES NOT RELI ATOR FROM OBTAI ORIZATION REQUI IDERAL AND INDIA	EVE THE LESSE NING ANY OTHI RED FOR OPERA	E AND ER	
14. I hereby certify that the foregoing is t	rue and correct. Name (Printed	d/Typed)						
Tamra Sessions	Title Regulatory Specialist							
Signature tandos	Date 08/25/2016							
	THIS SPACE	FOR FEDE	RAL OR ST	ATE OFF	ICE USE			
Approved by Approved by Conditions of approval, if any, are attached that the applicant holds legal or equitable t entitle the applicant to conduct operations	itle to those rights in the subjec		ertify	holeum FFD	Engineer D	ate 9/1/2	016	
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repre-				and willfully to	make to any department	or agency of the Uni	ted States any false,	
(Instructions on page 2)			ACOR					

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