Submitted in lieu of Form 3160-5 (June 1990) **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** RECEIVED FORM APPROVED SUNDRY NOTICES AND REPORTS ON WELLS Budget Bureau No. 1004-0135 AUG 3 n 2017 Expires: March 31, 1993 Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT" - for such proposals. Farmington Field Office Bureau of Lanc Vlanagement 1. Type of Well: 5. Lease Number: SF-080713-A Gas 6. If Indian, allottee or Tribe Name: 2. Name of Operator: HILCORP ENERGY COMPANY 7. Unit Agreement Name: OIL CONS. DIV DIST. 3 3. Address and Phone No. of Operator: P.O. Box 4700 Farmington, NM 87499 8. Well Name and Number: SEP 0 8 2017 **SAN JUAN 30-6 UNIT 472** 505-599-3400 9. API Well No. 4. Location of Well, Footage, Sec. T, R, U: 3003924477 FOOTAGE: 790' FNL & 1305' FEL S: 22 T: 030N R: 006W U: A 10. Field and Pool: FRC - BASIN CB::FRUITLAND COAL 11. County and State: RIO ARRIBA, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Notice of Intent Recompletion Change of Plans Subsequent Report Plugging Back **New Construction** Final Abandonment Casing Repair Non-Routine Fracturing Abandonment Altering Casing Water Shut Off Other- Re-Delivery Conversion to Injection 13. Describe Proposed or Completed Operations This well was re-delivered on 8/7/2017 and produced natural gas and entrained hydrocarbons. WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO ECONOMICS, RETURNED TO PRODUCTION. Notes: ACCEPTED FOR RECORD TP: 0 CP: 41 Initial MCF: 66 SEP 0-1 2017 FARMINGTON FIELD OFFICE BY: William Tambe Meter No.: 120493-01 Gas Co.: TEP Proj Type.: REDELIVERY 14. I Hereby certify that the foregoing is true and correct. Title: Operations/Regulatory Tech. Signed Date: 8/30/2017 (This Space for Federal or State Office Use)

Title 18 U.S.C. Section 1001, makes 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.

Title:

APPROVED BY:

CONDITION OF APPROVAL, if any:

NMOCD -

Date: