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 0 2017 Expires: March 31, 1993 Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Farmington Field Office Use "APPLICATION FOR PERMIT" - for such proposals. Bureau of Land Management 1. Type of Well: 5. Lease Number: Gas NMSF-080714A 6. If Indian, allottee or Tribe Name: 2. Name of Operator: HILCORP ENERGY COMPANY 7. Unit Agreement Name: 3. Address and Phone No. of Operator: P.O. Box 4700 Farmington, NM 87499 8. Well Name and Number: SAN JUAN 30-6 UNIT 34B OIL CONS. DIV DIST. 3 505-599-3400 9. API Well No. 4. Location of Well, Footage, Sec. T, R, U: SEP 08 2017 FOOTAGE: 1940' FSL & 1660' FWL 3003926410 S: 10 T: 030N R: 006W U: K 10. Field and Pool: MV - BLANCO::MESAVERDE 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 8/9/2017 and produced natural gas and entrained hydrocarbons. WELL WAS SHUT IN FOR MORE THAN 90 DAYS DUE TO ECONOMICS & COMPRESSOR REPAIR. RETURNED TO Notes: PRODUCTION. ACCEPTED FOR RECORD TP: 200 CP: 250 Initial MCF: 177 SEP 0 1 2017 Meter No.: 83319 BY: William Tambe Gas Co.: WFC Proj Type.: REDELIVERY 14. I Hereby certify that the foregoing is true and correct. Signed Title: Operations/Regulatory Tech. Date: 8/30/2017 (This Space for Federal or State Office Use) APPROVED BY: Title: Date:

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.

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CONDITION OF APPROVAL, if any: