	,	,				
Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 2					FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018	
					5. Lease Serial No. NMSF077972	
					6. If Indian, Allottee or Tribe Name	
					7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well						
Oil Well 🖌 Gas Well 🗌 Other					8. Well Name and No. F	Richardson #301S
2. Name of Operator Logos Operating, LLC					9. API Well No. 30-045-35240	
3a. Address 2010 Afton Place, Farmington, NM 87402 3b. Phone No. (include area code) (505) 278-8720				2)	10. Field and Pool or Exploratory Area Basin Fruitland Coal	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)					11. Country or Parish, State	
1450' FAL, 1500' FEL, G-10-27N-13W, SW/NE					San Juan County, NM	
12. CH	ECK THE APPROPRIATE BOX(ES) TO INDICA	TE NATURE	OF NOTIO	CE, REPORT OR OTHI	ER DATA
TYPE OF SUBMISSION			TY	PE OF ACT	ION	
Notice of Intent	Acidize	Deepen	_		action (Start/Resume)	Water Shut-Off
	Alter Casing	Hydraulic New Cons	Fracturing		mation	Well Integrity
✓ Subsequent Report	Change Plans	Plug and A			orarily Abandon	
Final Abandonment Notice	Convert to Injection	Plug Back		Water	r Disposal	
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 once testing he completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has detennined that the is ready for final inspection.) This well was shut in more than 90 days due to line pressure. A compressor was set and the well redelivered on 08/16/2017. TP: 1 CP: 85 Initial MCF: 2 Meter No: 91084-01 Gas Co: ENT AUG 2 0 COMS AUG 3 1 2017 RECEIVED AUG 2 5 2017 FARMONIC FINAL PROVIDENCE COMPLETED FOR RECORD AUG 2 5 2017 FARMONIC FINAL PROVIDENCE COMPLETED FARMONIC FINAL PROVIDENCE COMPLETED FARMONIC FINAL PROVIDENCE COMPLETED AUG 2 0 COMPLETED AUG 2 5 2017 FARMONIC FINAL PROVIDENCE COMPLETED FARMONIC FINAL PROVIDENCE COMPLETED FARMONIC FINAL PROVIDENCE FARMONIC FINAL PROVIDENCE AUG 2 5 2017 FARMONIC FINAL PROVIDENCE FARMONIC FINAL PROVID						
14 Theorem Contractor Contractor						
14. I hereby certify that the foregoing is true and correct. Name (<i>Printed/Typed</i>) Heather Wendeborn			Production Coordinator Title			
110=	A					
Signature Left V			Date		08/24/2017	
	THE SPACE FO	OR FEDERA	L OR ST	ATE OF	ICE USE	
Approved by						
			Title		D	ate
Conditions of approval, if any, are attain certify that the applicant holds legal or which would entitle the applicant to co		Office				
Title 18 U.S.C Section 1001 and Title 4 any false, fictitious or fraudulent statem				ly and will	fully to make to any dep	partment or agency of the United Sta
(Instructions on page 2)					NMOCD	PV