				-	~	R	ECEIVED	)		
Form 3160-5 (August 2007)						Fa	APR 3 0 29 FORM APPROVED Expires: July 31, 2010 APR 3 0 29 FORM APPROVED APR 3 0 29 FORM APPROVED Expires: July 31, 2010 APR 3 0 29 FORM APPROVED APR 3 0 2010 APR 3 0 2010			
	Do not us	IDRY NOTICES e this form for well. Use Form	proposals	to drill or to	re-enter al	n	6. If Indian, Allottee or Tribe I			
	SU	IBMIT IN TRIPLICA	TE - Other ins	structions on pa	ige 2.		7. If Unit of CA/Agreement, N	lame and/or No.		
1. Type of Well							Delhi Taylor			
2. Name of Operator	X Gas Well				8. Well Name and No. Delhi Taylor 5 9. API Well No.					
2. Name of Operator	any			30-045-13034						
3a. Address PO Box 428	3b. Phone No. (50)	(include area co 5) 326-9700		10. Field and Pool or Exploratory Area Basin DK						
4. Location of Well ( Surface	Footage, Sec., T.,) Unit A (I	R.,M., or Survey Desc NENE), 790' FN	ription) L & 790' FE	EL, Sec. 17,	T26N, R11\	N	11. Country or Parish, State San Juan	New Mexi	со	
4	12. CHECK T	HE APPROPRIA	TE BOX(ES)	TO INDICAT	E NATURE (	OF NO	TICE, REPORT OR OTH	ER DATA		
TYPE OF SU	YPE OF SUBMISSION TYPE OF A						TION			
Notice of Inte	ent	Acidize		Deepen Fracture T	`reat		Production (Start/Resume) Reclamation	Water Shut-O		
X Subsequent R	eport	Casing Repa		New Cons			Recomplete Femporarily Abandon	Other		
Final Abando	onment Notice	Change Plan		Plug and A Plug Back			Water Disposal			
determined that	the site is ready for	or final inspection.)					clamation, have been completed		J	
	OIL CONS. DIV DIST. 3									
							OCT 1 0 2017			
. /	14. I hereby certify that the foregoing is true and correct. Name ( <i>Printed/Typed</i> )									
Sherri Grona					Title Staff Regulatory Technician					
Signature herit mma					Date 4-29-13					
		// THIS	SPACE FC	R FEDERA	L OR STAT	EOF	FICE USE			
	lds legal or equitab	ole title to those rights				tle		OCT 0 3 Date	2017	
false, fictitious or fra	ion 1001 and Title audulent statement					d willful	ly to make to any department or	agency of the Unite	d States any	
(Instruction on page	2)			÷.,	NMOC	DA	1		10	