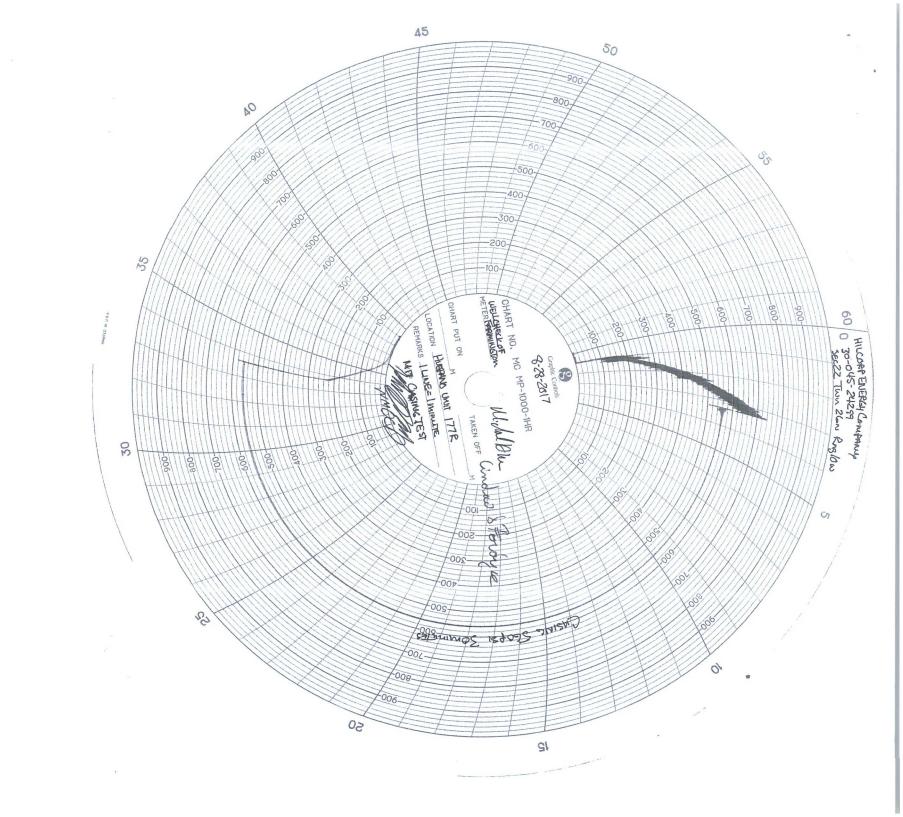
	BEOENED
Form 3160-5 UNITED STATES	FORM APPROVED
(August 2007) DEPARTMENT OF THE INTER	
BUREAU OF LAND MANAGEN	AENT AUG 3 0 2017 Expires: July 31, 2010
	NM-02874-A
SUNDRY NOTICES AND REPORTS C	DN WELLS mington Field I Diffician, Allottee or Tribe Name
Do not use this form for proposals to drill	
abandoned well. Use Form 3160-3 (APD) for	
SUBMIT IN TRIPLICATE - Other instructions of 1. Type of Well	on page 2. 7. If Unit of CA/Agreement, Name and/or No. Huerfano Unit
Oil Well X Gas Well Other	8. Well Name and No.
	Huerfano Unit 177R
2. Name of Operator	9. API Well No.
Ba. Address Bb. Phon	e No. (include area code) 10. Field and Pool or Exploratory Area
PO Box 4700, Farmington, NM 87499	505-599-3400 Basin Dakota
Location of Well (Footage, Sec., T.,R.,M., or Survey Description)	11. Country or Parish, State
Surface Unit O (SWSE), 900' FSL & 1640' FEL, Sec	22, T26N, R10W San Juan , New Mexico
12. CHECK THE APPROPRIATE BOX(ES) TO IND	ICATE NATURE OF NOTICE, REPORT OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
Notice of Intent	pen Production (Start/Resume) Water Shut-Off
	ture Treat Well Integrity
	Construction Recomplete Other MIT
	and Abandon Temporarily Abandon
Final Abandonment Notice Convert to Injection Plug 3. Describe Proposed or Completed Operation: Clearly state all pertinent details, include	Back Water Disposal
8/28/2017 RU Wellcheck Test Unit. PT csg to 560#. Test	- OK. Witnessed by John Durham/NMOCD. Chart attached. R
OIL CONS. DI	VDIST
	ACCEPTED FOR RECORD
SEP 08	2017
	SEP 01 2017
	BY: Milliam Tambekou
4. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)	
Christine Brock	Title Operations/Regulatory Technician
Christine Brock Signature Unistance Bercek	Title     Operations/Regulatory Technician       Date     8/29/2017
Signature Christine Bercck	
Signature Christine Bercck	Date 8/29/2017
Signature Unisturie Brock THIS SPACE FOR FEDE	Date 8/29/2017 ERAL OR STATE OFFICE USE
Signature Unisturie Back THIS SPACE FOR FEDE	Date 8/29/2017 ERAL OR STATE OFFICE USE Title Date
Signature <u>UMUSTURIE</u> THIS SPACE FOR FEDE pproved by Conditions of approval, if any, are attached. Approval of this notice does not warrant or of hat the applicant holds legal or equitable title to those rights in the subject lease which w	Date 8/29/2017 ERAL OR STATE OFFICE USE Title Date Certify
Signature Constrained and Signature Constrained and Signature Constrained and Signature Constrained and Signature Constraints and Signature Constrai	Date     8/29/2017       ERAL OR STATE OFFICE USE       Title       Date       Certify       Yould       Office
Signature Constraints Constraints Signature Constraints Constraints Space FOR FEDE pproved by conditions of approval, if any, are attached. Approval of this notice does not warrant or of at the applicant holds legal or equitable title to those rights in the subject lease which we attile the applicant to conduct operations thereon.	Date     8/29/2017       ERAL OR STATE OFFICE USE       Title       Date       Certify       yould       Office       erson knowingly and willfully to make to any department or agency of the United States and



. 4