		asserting .		
Submitted in lieu of Form 3160-5 (June 1990)				
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		RECEIVED		
SUNDRY NOTICES AND REPORTS ON WE	ELLS	FORM APPROVED	OCT 1 0 2017	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.		Budget Bureau No. 1004-0135		
		Expires: March 31, 1993 Farmington Field Office Bureau of Land Managem		
Use "APPLICATION FOR PERMIT" - for such	n proposals.			
1. Type of Well: Gas		5. Lease Number: SF-079037		
2. Name of Operator:		6. If Indian, allottee or Tribe Na	me:	
HILCORP ENERGY COMPANY		7. 11-16 A		
3. Address and Phone No. of Operator:		<ul><li>7. Unit Agreement Name:</li><li>8. Well Name and Number: HALE 353</li></ul>		
P.O. Box 4700 Farmington, NM 87499 505-599-3400				
4. Location of Well, Footage, Sec. T, R, U:		9. API Well No.		
FOOTAGE: 620' FNL & 2360' FEL		3004527711		
S: 34 T: 031N R: 008W	U: B	10. Field and Pool:		
011	CONS. DIV DIST. 3	FRC - BASIN CB::FRUITLA	AND COAL	
UL		11. County and State:		
	OCT 16 2017	SAN JUAN, NM		
12. CHECK APPROPRIATE BOX TO INDICAT	TE NATURE OF NOTICE,	REPORT, OTHER DATA		
Notice of Intent Recompletion		Change of Plans		
X Subsequent Report Plugging Back		New Construction		
Final Abandonment Casing Repair Abandonment Altering Casing		Mon-Routine Fracturing Water Shut Off		
	X Other- Re-Delive		on	
13. Describe Proposed or Completed Opera	tions			
This well was re-delivered on 10/6/2017		and entrained hydrocarbons		
		IE TO EQUIPMENT REPAIR . RETURNED TO	O PRODUCTION.	
		ACCENTED	200 DECODO	
TP: 6 CP: 41 Initial MCF		ACCEPTED FOR RECORD		
	mitial wor.		1 2 2017	
Meter No.: 122927-01		FARMINGTO	N FIELD OFFICE	
Gas Co.: TEP		BY: Alilia	MIELD OFFICE Kou	
Proj Type.: REDELIVERY				
14. I Hereby certify that the foregoing is true	and correct.			
Signed Madu Cur	Title: Operat	ions/Regulatory Tech - Sr. Date: 10/	10/2017	
his Space for Federal or State Office Use)				
APPROVED BY:	Title:	Date:		
CONDITION OF APPROVAL, if any:				
Title 18 U.S.C. Section 1001, makes it a crime	for any person knowingly	and willfully to make to any department or age	ency of the	
United States any false, fictitious or fraudulent		NMOCD & Returne Statu	-	