Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0137

| BUREAU OF LAND MANAGEMENT                                                                                                                                    |                                      |                                | Expires: J                                                                                                                                                                 | July 31, 2010                                                |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------|
|                                                                                                                                                              |                                      |                                |                                                                                                                                                                            | 5. Lease Serial No.                                          | -077922           |
| 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. |                                      |                                |                                                                                                                                                                            | 6. If Indian, Allottee or Tribe Name                         |                   |
|                                                                                                                                                              |                                      |                                |                                                                                                                                                                            |                                                              |                   |
| 1. Type of Well                                                                                                                                              | UBMIT IN TRIPLICATE - Other ins      | structions on page 2.          |                                                                                                                                                                            | 7. If Unit of CA/Agreement, Na                               | me and/or No.     |
| Oil Well X Gas Well Other                                                                                                                                    |                                      |                                |                                                                                                                                                                            | 8. Well Name and No.                                         |                   |
|                                                                                                                                                              |                                      |                                | Duff Gas Com 1E                                                                                                                                                            |                                                              |                   |
| 2. Name of Operator  Hilcorp Energy Company                                                                                                                  |                                      |                                |                                                                                                                                                                            | 9. API Well No. 30-045-26141                                 |                   |
| 3a. Address 3b. Phone 3                                                                                                                                      |                                      |                                | ea code)                                                                                                                                                                   | 10. Field and Pool or Exploratory Area  Basin Fruitland Coal |                   |
| PO Box 4700, Farmingt                                                                                                                                        | 505-599-3400                         |                                |                                                                                                                                                                            |                                                              |                   |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)  Surface Unit G (SWNE), 1770' FNL & 1480' FEL, Sec. 34, T30N, R12W                      |                                      |                                | R12W                                                                                                                                                                       | 11. Country or Parish, State San Juan , New Mexico           |                   |
| 12. CHECK                                                                                                                                                    | THE APPROPRIATE BOX(ES)              | TO INDICATE NATU               | RE OF NO                                                                                                                                                                   | TICE, REPORT OR OTHE                                         | R DATA            |
| TYPE OF SUBMISSION                                                                                                                                           | TYPE OF ACTION                       |                                |                                                                                                                                                                            |                                                              |                   |
| X Notice of Intent                                                                                                                                           | Acidize                              | Deepen                         | . P                                                                                                                                                                        | roduction (Start/Resume)                                     | Water Shut-Off    |
|                                                                                                                                                              | Alter Casing                         | Fracture Treat                 | R                                                                                                                                                                          | Reclamation                                                  | Well Integrity    |
| Subsequent Report                                                                                                                                            | Casing Repair                        | New Construction               | R                                                                                                                                                                          | Recomplete                                                   | X Other TA Status |
|                                                                                                                                                              | Change Plans                         | Plug and Abandon               | XT                                                                                                                                                                         | emporarily Abandon                                           | Extension         |
| Final Abandonment Notice  13. Describe Proposed or Completed Op                                                                                              | Convert to Injection                 | Plug Back                      |                                                                                                                                                                            | Vater Disposal                                               |                   |
| Testing has been completed. Final determined that the site is ready for                                                                                      | d on 3/5/2014. Hilcorp Ene           | only after all requirements, i | ncluding recla                                                                                                                                                             | mation, have been completed and                              | the operator has  |
| OCT <b>3 0</b> 2017                                                                                                                                          |                                      |                                | LM'S APPROVAL OR ACCEPTANCE OF THIS CTION DOES NOT RELIEVE THE LESSEE AND PERATOR FROM OBTAINING ANY OTHER UTHORIZATION REQUIRED FOR OPERATIONS N FEDERAL AND INDIAN LANDS |                                                              |                   |
| TA status and                                                                                                                                                | true and correct. Name (Printed/Type | 1/2018                         |                                                                                                                                                                            |                                                              |                   |
| Priscilla Shorty Title Operations/Re                                                                                                                         |                                      |                                |                                                                                                                                                                            | egulatory Technician                                         |                   |
| Signature Huguil                                                                                                                                             | la Brotz                             | Date /                         | V24/                                                                                                                                                                       | 17                                                           |                   |
|                                                                                                                                                              | THIS SPACE FO                        | R FEDERAL OR ST                | ATE OFF                                                                                                                                                                    | ICE USE                                                      |                   |
| Approved by                                                                                                                                                  | 7 1 1                                |                                |                                                                                                                                                                            |                                                              |                   |

Title Tetroleum Engineer Date 10/25/2017 Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 or representations as to any matter within its jurisdiction.