

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: January 31, 2018

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.**

5. Lease Serial No. NMNM117140

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator LOGOS Operating, LLC

3a. Address 2010 Afton Place
Farmington, NM 87401

3b. Phone No. (include area code)
(505) 324-4145

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2410' FNL 330' FEL, SE/NE, H Sec 29, T24N, R06W,

7. If Unit of CA/Agreement, Name and/or No.
NMNM-135257

8. Well Name and No. LOGOS 2406 29H Com 13

9. API Well No. 30-039-31359

10. Field and Pool or Exploratory Area
Devils Fork Gallup (Associated)

11. Country or Parish, State
Rio Arriba County, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following 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 has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

First delivered well on 10/26/2017 @ 07:34hr.
TP: RODS, CP:80, Initial MCF: 52mcf
GAS Co.: ENT METER No.: 91155-01

10/26/17 Well Test: 24HRS; Oil 1 bopd; Water 0 bwpd; Gas 25 mcf; Flowing Csg Psi 80; Tbg Psi n/a; Production Method pumping.

ACCEPTED FOR RECORD

OCT 30 2017

FARMINGTON FIELD OFFICE

BY William Tambekou

OIL CONS. DIV DIST. 3
NOV 02 2017

RECEIVED

OCT 30 2017

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Tamra Sessions

Regulatory Specialist
Title

Signature

Tamra Sessions

Date

10/30/2017

Farmington Field Office
Bureau of Land Management

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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.

Office

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.

(Instructions on page 2)

NMOCDFV