

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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.  
NMSF080674

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**7. If Unit or CA/Agreement, Name and/or No.  
NMMN78408B

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.  
SAN JUAN 27-4 UNIT 602. Name of Operator  
HILCORP ENERGYContact: ETTA TRUJILLO  
E-Mail: ETRUJILLO@HILCORP.COM9. API Well No.  
30-039-204843a. Address  
P.O. BOX 4700  
FARMINGTON, NM 874993b. Phone No. (include area code)  
Ph: 505-324-516110. Field and Pool or Exploratory Area  
BASIN DAKOTA

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 21 T027N R04W NENE 990FSL 990FEL  
36.563000 N Lat, 107.249770 W Lon

11. County 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 recompleat 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 recompleat 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.

WELL WAS SHUT-IN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT ISSUES RETURNED TO PRODUCTION.

TP:790  
CP: 790  
INITIAL MCF:50METER NO: 8740401  
GAS CO: WFC  
PROJ TYPE: REDELIVERYNMOCD  
MAR 05 2018  
DISTRICT 111

|  |                                     |
|--|-------------------------------------|
| 14. I hereby certify that the foregoing is true and correct.   |                                     |
| Electronic Submission #406090 verified by the BLM Well Information System<br>For HILCORP ENERGY, sent to the Farmington<br>Committed to AFMSS for processing by VIRGINIA BARBER on 03/01/2018 ( )  |                                     |
| Name (Printed/Typed) ETTA TRUJILLO   | Title OPERATIONS/REGULATORY TECH SR |
| Signature (Electronic Submission)  | Date 02/28/2018                     |
| THIS 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)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

NMOCD