Form 3160-5 (August 2007)

UNITED STATES UNITED STATES RECEIVED DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No.

6. If Indian, Allottee or Tribe Name

NMNM-0702

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an office

abandoned	well. Use Form 3160-3 (A	(PD) for such propi	reals dem	ent	
S	UBMIT IN TRIPLICATE - Other ins	structions on page 2.		7. If Unit of CA/Agreement, N	Name and/or No.
1. Type of Well Oil Well X Gas Well Other				8. Well Name and No. Reid B 2F	
2. Name of Operator	Hilcorp Energy Compa	any		9. API Well No.	045-33921
3a. Address PO Box 4700, Farming	3b. Phone No. (include area code) 505-599-3400		10. Field and Pool or Exploratory Area Basin Dakota		
4. Location of Well (Footage, Sec., T., Surface Unit F (SI	R.,M., or Survey Description) ENW), 1960' FNL & 2045' F	WL, Sec. 31, T29N,	R10W	11. Country or Parish, State San Juan	, New Mexico
12. CHECK	THE APPROPRIATE BOX(ES)	TO INDICATE NATUR	RE OF NO	I TICE, REPORT OR OTH	ER DATA
TYPE OF SUBMISSION		TYF	PE OF AC	TION	
Notice of Intent X Subsequent Report	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	R	roduction (Start/Resume) eclamation ecomplete	Water Shut-Off Well Integrity X Other
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back		emporarily Abandon Vater Disposal	Interim Reclamation
	ny conducted a legacy inte proval for the reclamation		-	on 4/18/2018 with BLI	M Inspector Randy
NMOCD MAY 10				IOCD	
				1 0 2018	
				_DISTR	ICT III
14. I hereby certify that the foregoing is	s true and correct. Name (Printed Typ	ed)			
Christine Brock		Title Ope	erations/R	egulatory Technician	
Signature Uhis	tire Brock	Date 4/	27/2018		
	THIS SPACE FO	R FEDERAL OR ST	ATE OFF	ICE USE	
Conditions of approval, if any, are attact that the applicant to conduct operation Title 18 U.S.C. Section 1001 and Title	le title to those rights in the subject leaders thereon.	ase which would	Title &	to make to any department on	Date 5 7 7/18
false, fictitious or fraudulent statements			and willfully	to make to any department or a	agency of the Officer States any

UL-Sec-Twn-Rng: F-31-029N-01 Lease# NMNM-0702	1001	1. " bl / 0/122 /AH 1101			
Lease# NANM - OTO2			Lat/Long: 36.68433 -107.9267		
	Lease# NANM- OTO2				
Twig/Co-Locate Well Name & Operator:		County/State: San Juan, NM			
occipi: Contractor:		Seed Mix: Back Lands			
Final Reclamation	Completed Incomplete	Remediation	Completed Incomplete		
3rd party pipeline removed		Facilities stripped	1/		
Anchors removed		Certificate of waste issued & approved	1		
Equipment and piping removed		Depth:	1/		
Power poles removed		Width:	/		
Cathodic protection removed		Length:			
Vegetative cages removed		Date of Excavation Start:			
CMP's removed		Date of Excavation End:			
Non native gravel buried or removed		Date of Backfill Start:			
Noxious weeds removed or sprayed		Date of Backfill End:			
Insvasive weeds removed or sprayed		Yards Hauled Out:			
Contouring complete		Impacted Soil Hauled To:			
Top soil spread		Yards Hauled In:			
Diversions clean and functional		Fresh Soil Hauled in From:			
Silt trap clean and functional		Approval to backfill			
Cattle guard / gates removed		Back fill mechanically compacted			
Cellar / mouse hole covered		Facilities reset			
Erosion under control		Trash and debri removed			
Location properly ripped		Close Out Completed			
Location properly disked	+	Soil Removal Sundry Ready to be Filed			
Location seeded	++++				
Photo transect installed	+				
Access road properly closed	+++				
	+				
Public use controlled	+				
Barriers in place	+				
Grazing controlled	$\overline{}$				
P&A marker installed & Jégible					
Well sign removed					
Growth at least 70%					
Trash and debris removed from location					
Final reclamation shotos taken					
Agency Inspection Date:					
FAN Ready to be filed					
Comments:		Comments:			
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