## **RECEIVED**

Form 3160-5

## INITED STATES

JUN	05	2010
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FORM APPROVED

(June 2015)	ne 2015) DEPARTMENT OF THE INTERIOR					Expires: January 31, 2018		
	BUR	EAU OF LAND MAN	AGEMENT	Farmi	ington Field		ISF 078769	
:	SUNDRY N	OTICES AND REPO	ORTS ON V	<b>VELLE</b> ureau d	of Land Ma	IFINDIAN, Anottee or	Tribe Name	
		orm for proposals t						
abando	ned well. (	Jse Form 3160-3 (A	PD) for su	ch proposals				
	SUBMIT IN	RIPLICATE - Other instru	ıctions on pa	ge 2	- 1	If Unit of CA/Agreen MNM 78407E	nent, Name and/or No.	
1. Type of Well								
Oil Well  Gas Well  Other					8. Well Name and No. Rosa Unit 646H			
2. Name of Operator. LC	GOS Operati	ng, LLC			9.	API Well No. 30-039	-31323	
3a. Address 2010 Afton Place 3b. Phone No. (include area code) (505) 787-2218					10. Field and Pool or Exploratory Area			
					Basin Mancos			
·	_	,M., or Survey Description)			1	. Country or Parish, S		
950 FINL & 453 FVVL	, NE/NVV, C, S	Sec 19 T31N R05W, Lot 1				Rio Amiba County, N	IM	
	12. CHE	CK THE APPROPRIATE BO	OX(ES) TO IN	DICATE NATURE	E OF NOTICE	, REPORT OR OTHE	ER DATA	
TYPE OF SUBM	ISSION			TY	PE OF ACTIO	)N		
✓ Notice of Intent		Acidize Deepen		pen	Production (Start/Resume) Water Shut-Off			
		Alter Casing	Hyd	raulic Fracturing	Reclama	clamation Well Integrity		
Subsequent Repor	n 10	Casing Repair		Construction	Recomp		Other	
Timel About	" BP	Change Plans		and Abandon		arily Abandon		
Final Abandonme		Convert to Injection		Back	Water D	<u> </u>	and approximate duration thereof. If	
	ting to renew	the annual Temporary Ab	andon (TA) si	tatus on the follow	wing well. The	e Mechanical Integri	ty Test (MIT) was performed and	
passed on 5/26/20	016.			-17 Miles Malayardena				
			NMOCD	R	I M'S APPR	OVAL OR ACCEP	TANCE OF THIS	
		n	N 1 1 20	140 A	CTION DO	DOES NOT RELIEVE THE LESSEE AND		
		30	110 1 1 20		PERATOR 1	FROM OBTAININ	G ANY OTHER FOR OPERATIONS	
		DIST	RICT		N FEDERA	L AND INDIAN L	ANDS	
				• • •		* *	in the second	
TA states	a d 111	al until	1/1/2010	2				
4. I hereby certify that th	e for going is t	rue and correct. Name (Prin	ited/Typed)	7				
Marie E. Florez	, ,			Regulatory	y Specialist			
1/1/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· · ·					
Signature	MU 9	11/N17-		Date		06/05/201	8	
		THE SPACE	FOR FED	ERAL OR STA	ATE OFIC	E USE		
Approved by	//	711						
11/1	11.	lambaka.		Title /	and less and	Sminger Dat	e 6/6/2019	
Conditions of approval, if	any, are attache	d. Approval of this notice d	oes not warran	·	VICENTII (	Commer Da	0/0/001	
	olds legal or ec	uitable title to those rights in		ase Office	FO	•		
Title 18 U.S.C Section 100	01 and Title 43	U.S.C Section 1212, make i	a crime for an			v to make to any depa	rtment or agency of the United States	

any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.