| Form \$160-5<br>(June 2015) UNITED STATES<br>DEPARTMENT OF THE INTERIOR JUL 1<br>BUREAU OF LAND MANAGEMENT<br>SUNDRY NOTICES AND REPORTS ON WELLS<br>Do not use this form for proposals to drill or to re-end                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                | ORM APPROVED<br>MB No. 1004-0137                                                                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | L 1 0 2018                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                | bires: January 31, 2018                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | 2010                                                                                                                                                                                    | 5. Lease Serial No.                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | parts a state of the                                                                                                                                                                    | 6. If Indian, Allottee or Tribe Name                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         | ell. Use Form 3160-3 (A                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                |  |
| SUBMIT IN TRIPLICATE - Other instructions on page 2                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                         | 7. If Unit of CA/Agree                                                                                                                                                                                                                                                                                                         | 7. If Unit of CA/Agreement, Name and/or No.                                                                                                                                                                    |  |
| 1. Type of Well       Gas Well       Other         2. Name of Operator       Enduring Resources, LLC         3a. Address       3b. Phone No. (include)         332 Cr 3100       Aztec, NM 87410                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                         | <ol> <li>Well Name and No.</li> <li>Chaco 2308 03L 405H</li> </ol>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | 9. API Well No.                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | 30-045-35538           (include area code)         10. Field and Pool or Exploratory Area                                                                                               |                                                                                                                                                                                                                                                                                                                                | vploratory Area                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | ciude area code)                                                                                                                                                                        | Basin Mancos                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                |  |
| 4. Location of Well (Footage, Sec.,<br>HL: 2216' FSL & 74' FWL Sec<br>HL: 2254' FSL & 250' FWL Sec                                                                                                                                                                                                                                                                                                                                      | 03 T23N R8W Unit: L                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                       |                                                                                                                                                                                         | 11. Country or Parish,<br>San Juan, NM                                                                                                                                                                                                                                                                                         | State                                                                                                                                                                                                          |  |
| 12. (                                                                                                                                                                                                                                                                                                                                                                                                                                   | CHECK THE APPROPRIATE B                                                                                                                                                                                                                                                                                                                                                                           | BOX(ES) TO INDIC                                                                                                                                                                                                      | ATE NATURE O                                                                                                                                                                            | F NOTICE, REPORT OR OTH                                                                                                                                                                                                                                                                                                        | ER DATA                                                                                                                                                                                                        |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       | TYPE (                                                                                                                                                                                  | OF ACTION                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                        | Acidize                                                                                                                                                                                                                                                                                                                                                                                           | Deepen<br>Hydraulic Fra                                                                                                                                                                                               | acturing                                                                                                                                                                                | Production (Start/Resume)                                                                                                                                                                                                                                                                                                      | Water ShutOff                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         | Alter Casing                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                | Well Integrity                                                                                                                                                                                                 |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                       | Casing Repair                                                                                                                                                                                                                                                                                                                                                                                     | New Construction                                                                                                                                                                                                      |                                                                                                                                                                                         | Recomplete     Temporarily Abandon                                                                                                                                                                                                                                                                                             | Other Flare Extension                                                                                                                                                                                          |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                | Convert to Injection                                                                                                                                                                                                                                                                                                                                                                              | Plug and Abandon                                                                                                                                                                                                      |                                                                                                                                                                                         | Water Disposal                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                | duration thereof. If the proposal is to dee                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         | lly, give subsurface locations and me<br>M/BIA. Required subsequent report<br>interval, a Form 3160-4 must be file                                                                                                                                                                                                                                                                                | asured and true vertical<br>as must be filed within<br>a once testing has been                                                                                                                                        | l depths of all pertine<br>30 days following co                                                                                                                                         | ent markers and zones. Attach the Bo<br>ompletion of the involved operations                                                                                                                                                                                                                                                   | and under which the work will be perform<br>If the operation results in a multiple                                                                                                                             |  |
| directionally or recomplete horizonta<br>provide the Bond No. on file with BI<br>completion or recompletion in a new<br>reclamation, have been completed an                                                                                                                                                                                                                                                                             | lly, give subsurface locations and me<br>M/BIA. Required subsequent report<br>interval, a Form 3160-4 must be file                                                                                                                                                                                                                                                                                | asured and true vertical<br>as must be filed within<br>a once testing has been                                                                                                                                        | l depths of all pertine<br>30 days following co                                                                                                                                         | ent markers and zones. Attach the Bo<br>ompletion of the involved operations<br>abandonment Notices must be filed of                                                                                                                                                                                                           | and under which the work will be perform<br>If the operation results in a multiple                                                                                                                             |  |
| directionally or recomplete horizonta<br>provide the Bond No. on file with BI<br>completion or recompletion in a new<br>reclamation, have been completed an<br>is ready for final inspection.)<br>Enduring Resources rec<br>activity on the <b>Athena</b><br>If a cross flow event on<br><b>7/23/18 for 30 days</b> , gi                                                                                                                | Ily, give subsurface locations and mer.<br>M/BIA. Required subsequent report<br>interval, a Form 3160-4 must be file<br>d the operator has detennined that th<br><b>Quests authorization to flare</b><br><b>2308 14L #3H (30-045-3587)</b><br>the wells results in nitrogen<br>iven approval.<br>Ilected upon the confirmatic                                                                     | asured and true vertical<br>is must be filed within<br>id once testing has been<br>e site<br>the <u>Chaco 2308 (</u><br>6).<br>In content above V<br>on of the cross flo<br><b>ICHED</b><br>DITIONS                   | l depths of all pertind<br>30 days following co<br>n completed. Final A<br>D <u>3L 405H</u> if a po<br>Villiams pipelind                                                                | ent markers and zones. Attach the Bo<br>ompletion of the involved operations<br>shandonment Notices must be filed of<br>JUL 13<br>JUL 13<br>otential cross flow event may<br>be standards, flaring may beg<br>third party for results of the<br>BUM'S APPROVA                                                                  | If the operation results in a multiple<br>only after all requirements, including<br>2018<br>coccur as a result of a nearby F<br>in as soon as<br>e gas analysis. The gas analysis of<br>LOR ACCEPTANCE OF THIS |  |
| directionally or recomplete horizonta<br>provide the Bond No. on file with BI<br>completion or recompletion in a new<br>reclamation, have been completed an<br>is ready for final inspection.)<br>Enduring Resources rec<br>activity on the <b>Athena</b><br>If a cross flow event on<br><b>7/23/18 for 30 days</b> , gi<br>A gas sample will be co<br>be submitted upon rece                                                           | Ily, give subsurface locations and me.<br>M/BIA. Required subsequent report<br>interval, a Form 3160-4 must be file<br>d the operator has detennined that the<br><b>2308 14L #3H (30-045-3587</b> 0<br>the wells results in nitrogen<br>iven approval.<br>Ilected upon the confirmatic<br>eipt.<br>SEE ATTA<br>FOR CONI<br>OF APPR                                                                | asured and true vertical<br>is must be filed within<br>id once testing has been<br>e site<br>the <u>Chaco 2308 (</u><br>6).<br>In content above V<br>for of the cross flo<br>CHED<br>DITIONS<br>COVAL                 | l depths of all pertind<br>30 days following co<br>n completed. Final A<br>D <u>3L 405H</u> if a po<br>Villiams pipelind                                                                | ent markers and zones. Attach the Bo<br>ompletion of the involved operations<br>sbandonment Notices must be filed of<br>NMOCO<br>JUL 13<br>otential cross flow event may<br>e standards, flaring may beg<br>third party for results of the<br>BLM'S APPROVA<br>ACTION DOES N                                                   | If the operation results in a multiple<br>only after all requirements, including<br>2018<br>2018<br>2018<br>2018<br>2018<br>2018<br>2018<br>2018                                                               |  |
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via email transmission - afelix@enduringresources.com

July 5, 2018

Enduring Resources, LLC Attn: Andrea Felix 1050 17<sup>th</sup> Street, Suite 2500 Denver, CO 80265

## RE: Notice of stimulation operations affecting Athena 2308 14L #3H (API 30-045-35876) ("Notice")

Operator:

LOGOS Operating, LLC ("LOGOS"), intends to conduct stimulation operations beneath the following lands (the "Lands"):

Township 23 North, Range 8 West, NMPM Section 15: S/2 San Juan County, New Mexico

The aforesaid stimulation operations will be within a one (1) mile radius of one or more existing wells operated by your company, as shown in the map attached as Exhibit "A" hereto.

LOGOS intends to commence the aforesaid stimulation operations on or about July 23, 2018, and to complete such operations on or about July 28, 2018. To protect your well(s), you should immediately undertake any appropriate and necessary mitigation measures and/or make any necessary well or equipment repairs which may result from any potential well damage, performance or other detrimental impacts which may be caused by such stimulation operations.

This Notice is provided to you as a convenience and pursuant to the draft Stimulation best Management Practices dated November 18, 2013, established through the cooperative effort of the Bureau of Land Management's Farmington Field Office, the New Mexico Oil Conservation Department and representatives of the oil and gas industry.



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Should you have any questions about this Notice or the upcoming operations, please contact Kristy Graham by phone at 505-436-2627 or by email at kgraham@logosresourcesllc.com.

Sincerely, LOGOS Operating, LLC

Dawn Howell

Name: Dawn Howell Title: Senior Staff Land Analyst

cc: Chris Jeffus Kristy Graham



United States Department of the Interior

BUREAU OF LAND MANAGEMENT Farmington District Office 6251 College Blvd. - Suite A Farmington, New Mexico 87402 www.blm.gov/nm



In Reply refer To:

## **Conditions of Approval**

- Flaring is authorized pursuant to 43 CFR 3170, Subpart 3179.102.
- 43 CFR 3179.9 (a) The operator must estimate or measure all volumes of gas vented or flared from wells, facilities and equipment on a lease, unit PA, or communitized area and report those volumes under applicable ONRR reporting requirements.
- Flaring will be authorized until August 21, 2018 if additional time is required, please contact this office accordingly.
- Please take appropriate and necessary safety precautions at this well site during the flaring period.