

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

P	lan.	0	E-so	11/	/E	FC	FORM APPROVED OMB No. 1004-0137				
H #	See	64	Sac	2 8	to?	ON	AB 1	Jo.	10	04-	0137
						Exr	oires	· Ju	ılv	31	2010

5. Lease Serial Non

		SF-079521					
SUN	NDRY NOTICES AND REP	6. If Indian, Allottee or Tribe N	6. If Indian, Allottee or Tribe Name				
Do not us	e this form for proposals	to drill or to re-ent	ter an Fa	mington Field Office			
abandoned	I well. Use Form 3160-3 (A	(PD) for such prop	osal s urea	u of Land Management			
SI	UBMIT IN TRIPLICATE - Other ins	tructions on page 2.		7. If Unit of CA/Agreement, Na	ame and/or No.		
1. Type of Well			San Juan 28-5 Unit				
	X Gas Well Other			8. Well Name and No.			
On wen	The Gas Well			San Juan 28-5 Unit 56N			
2. Name of Operator				9. API Well No.	11 20 0 01111 0011		
	Hilcorp Energy Compa	any		30-39-31088			
3a. Address		3b. Phone No. (include a	rea code)	10. Field and Pool or Exploratory Area			
382 Road 3100, Aztec, I	NM 87410	(505) 599-3400		Blanco MV / Basin DK			
4. Location of Well (Footage, Sec., T., I		. , ,		11. Country or Parish, State			
	NESE), 1882' FSL & 38' FE	L. Sec. 31, T28N.	R5W	Rio Arriba	New Mexico		
	IWSW), 2200' FSL & 215' F			, , , , , , , , , , , , , , , , , , , ,			
	THE APPROPRIATE BOX(ES)			TICE DEDORT OF OTHE	ED DATA		
	THE AFFROFRIATE BOX(ES)	TO INDICATE NATO	JKE OF NO	TICE, REPORT OR OTTE	IN DATA		
TYPE OF SUBMISSION		TY	PE OF AC	TION			
X Notice of Intent	Acidize	Deepen	ПР	Production (Start/Resume)	Water Shut-Off		
11 Thomas of Thiesia	Alter Casing	Fracture Treat		Reclamation	Well Integrity		
Subsequent Report	Casing Repair	New Construction		Recomplete	X Other		
	Change Plans	Plug and Abandon		Cemporarily Abandon	APD Extension		
Final Abandonment Notice	Convert to Injection	Plug Back	V	Water Disposal			
following completion of the involv Testing has been completed. Final determined that the site is ready fo	work will be performed or provide the I yed operations. If the operation results I Abandonment Notices must be filed or final inspection.) sts permission to extend to	in a multiple completion o	or recompletion including recla	in a new interval, a Form 3160-4 amation, have been completed an	1 must be filed once		
		JUN 2 0 2018					
				DISTRICT			
14. I hereby certify that the foregoing is	true and correct. Name (Printed/Type mmy Jones	B. Original Title	Q A	erations/Regulatory Te	9/27/2011 chnician - Sr.		
Signature Tammy	Smeg	Date	6/1	8/18			
0	THIS SPACE FO	R FEDERAL OR S	TATE OFF	FICE USE			
Approved by REJE	ECTED		Title		1. (sal [8		
Conditions of approval, if any, are attact that the applicant holds legal or equitable entitle the applicant to conduct operation	le title to those rights in the subject lea		Office		Date () III		
Title 18 U.S.C. Section 1001 and Title	43 U.S.C. Section 1212, make it a crim	e for any person knowingl	y and willfully	to make to any department or age	ency of the United States any		
false, fictitious or fraudulent statements				, F	,		