

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

AUG 02 2018

Farmington Field Office
Bureau of Land Management

1. Type of Well:

Gas

2. Name of Operator:

Hilcorp Energy Company

3. Address and Phone No. of Operator:

382 Road 3100 Aztec, NM 87410

505-599-3400

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 415' FNL & 670' FEL

S: 17 T: 027N R: 008W U: A

NMOCD

AUG 07 2018

DISTRICT III

5. Lease Number:

NMNM-03380

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

FLORANCE D 10B

9. API Well No.

3004531086

10. Field and Pool:

CH - OTERO::CHACRA

DK - BASIN::DAKOTA

MC -

MV - BLANCO::MESAVERDE

11. County and State:

SAN JUAN, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other- Re-Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 4/23/2018 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT IN FOR MORE THAN 90 DAYS FOR EQUIPMENT REPAIR. RETURNED TO PRODUCTION ON 4/23/18.

ACCEPTED FOR RECORD

AUG 06 2018

TP: 132

CP: 132

Initial MCF: 16

Meter No.: 22141

Gas Co.: HEC

Proj Type.: REDELIVERY

FARMINGTON FIELD OFFICE

By: William Tambeken

14. I Hereby certify that the foregoing is true and correct.

Signed

Christine Brock

Title: Operations/Regulatory Tech - Sr.

Date: 8/1/2018

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:

NMOCD