Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

AUG 0 8 2013

FORM APPROVED
OMB No. 1004-0137
Expires: January 31, 2013

CHIMIDDA	NOTICES	AND	REPORTS	ONWEL	15

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.	
N0-G-1312-1808	
6. If Indian, Allottee or Tribe Name	

abandoned we	ii. Ose i Oilli Siloo-s (A	D) TOT SUCTIP	торозата.			
				7. If Unit of CA/Agr NMNM135217A	reement, Name and/or No.	
1. Type of Well						
	Gas Well Other			8. Well Name and No ESCAVADA UN		
2. Name of Operator Enduring Resources IV LLC	С			9. API Well No. 30-043-21302		
3a. Address		3b. Phone No. (inclu	ide area code)	10. Field and Pool or		
332 Cr 3100 Aztec, N	IM 87410	505-636-9743		ESCAVADA N,MA	incos	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SHL: 524' FSL & 2339' FEL, Sec 11, T22N, R7W BHL: 2308' FSL & 2054' FWL, Sec 3 T22N, R7W				11. Country or Parisi Sandoval, NM	11. Country or Parish, State Sandoval, NM	
12. 0	CHECK THE APPROPRIATE BO	OX(ES) TO INDICA	TE NATURE OF NO	TICE, REPORT OR OT	HER DATA	
TYPE OF SUBMISSION			TYPE OF AC	CTION		
□Notice of Intent	Acidize	Deepen	□P	roduction(Start/Resume)	☐ Water ShutOff	
	☐ Alter Casing	☐ Hydraulic Fract	turing	eclamation	☐Well Integrity	
Subsequent Report	Casing Repair	□ New Construct	tion R	ecomplete	Other	
	Change Plans	☐ Plug and Aban	ndon 🔲 7	emporarily Abandon	No Flare-	
Final Abandonment Notice	Convert to Injection	☐Plug Back	□v	/ater Disposal	For Extension	
the proposal is to deepen directi the Bond under which the work completion of the involved ope	onally or recomplete horizontally will be perfonned or provide the rations. If the operation results in Notices must be filed only after	y, give subsurface loc e Bond No. on file wi n a multiple completic all requirements, inc	ations and measured th BLM/BIA. Requir on or recompletion ir luding reclamation, h	and true vertical depths of subsequent reports in a new interval, a Form have been completed and ACCEPTED F		
				Бу:		
14. I hereby certify that the foregoing Lacey Granillo	g is true and correct. Name (Prin	Title	e Permit Specialist			
Signature			8/8/18			
	THE SPACE	FOR FEDERA	L OR STATE O	OFICE USE		
Approved by	V					
			Title		Date	
Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to	or equitable title to those rights		Office			
Title 18 U.S.C Section 1001 and Titl any false, fictitious or fraudulent sta				llfully to make to any de	epartment or agency of the United States	

NMOCD

AUG 3 0 2018 DISTRICT III

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