Form 3160-5 (June 2015)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

RECEIVED

FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018

BUREAU OF LAND MANAGEMENT SEP 0 20.3	5. Lease Serial No. N0G14031948
SUNDRY NOTICES AND REPORTS ON WELLS	6. If Indian, Allottee or Tribe Name
Do not use this form for proposals to drill or to rementer and Office	

	IN TRIBLICATE Office in set		roposais.	7. If Unit of CA/Agreen	nent, Name and/or No.	
SUBMIT IN TRIPLICATE - Other instructions on page 2			NMNM 135216A			
Type of Well				8. Well Name and No. W Lybrook Unit 718H		
2. Name of Operator				9. API Well No.	**************************************	
Enduring Resources IV LLC		3b. Phone No. (inch	ida araa aada)	30-045-35774  10. Field and Pool or Exploratory Area		
3a. Address 332 Cr 3100 Aztec, NM 87410 505-636-9743			iae area coae)	Lybrook Mancos W		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SHL: 1824' FSL & 607' FEL Sec 14 T23N R9W Unit: I BHL: 506' FSL & 337' FWL Sec 11 T23N R9W Unit: M				11. Country or Parish, S San Juan, NM	11. Country or Parish, State San Juan, NM	
12.	CHECK THE APPROPRIATE B	BOX(ES) TO INDICA	TE NATURE OF NO	OTICE, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION			TYPE OF A	CTION		
Notice of Intent	Acidize	Deepen		Production (Start/Resume)	☐ Water ShutOff	
Monde of Intent	☐ Alter Casing	☐ Hydraulic Frac	turing	Reclamation	☐ Well Integrity	
Subsequent Report	Casing Repair	☐ New Construc	etion	Recomplete	Other Flare Extension	
	☐ Change Plans	☐ Plug and Abar	ndon 🔲	Temporarily Abandon		
Final Abandonment Notice	Convert to Injection			Water Disposal		
		Plug Back		Tales 2 sopoods		
Frac activity for <b>Encan</b> s If a cross flow event or <b>9/19/18 for 30 days</b> , g A gas sample will be co	a on the Nageezi Unit 501H/ n the wells results in nitroger iven approval. illected upon the confirmation	<b>502H/507H/510H.</b> In content above Wi	lliams pipeline sta	ndards, flaring may begir	nt may occur as a result of a nearb n as soon as gas analysis. The gas analysis will	
14. I hereby certify that the foregoin Lacey Granillo	ng is true and correct. Name (Pri	inted/Typed)				
Lacey Granino		Title	Title: Permit Specialist			
Signature	100	Dat	e: 9/6/18			
	THE SPACE	E FOR FEDERA	L OR STATE	OFICE USE		
Approved by	Maples to	\	Title Af	-\lambda Da	ate 9/17/18	
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to	l or equitable title to those rights	does not warrant or s in the subject lease	Office	70	er in transfer	
Title 18 U.S.C Section 1001 and Titany false, fictitious or fraudulent sta				rillfully to make to any depar	tment or agency of the United States	



