Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SEP 0 6 2013

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

5. Lease Serial No. N0G13101841

SUNDRY NOTICES AND REPORTS ON WELL Son Field Office	6. If Indian, Allottee or Tribe Name
not use this form for proposals to drill or to recenter an agamen	+

abandoned well. Use Form 3160-3 (APD) for such proposals.						
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit of CA/Agreement, Name and/or No. NMNM 135216A		
1. Type of Well				0.111.11.11		
⊠Oil Well ☐Gas Well ☐Other				8. Well Name and No. W Lybrook Unit 710H		
2. Name of Operator				9. API Well No.		
Enduring Resources Iv LLC		3b. Phone No. (include area co	30-045-35803 Flude area code) 10. Field and Pool or Exploratory Area			
3a. Address 332 Cr 3100 Aztec, NM 87410		505-636-9743	nue)	Lybrook Mancos W		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SHL: 1961' FNL & 2464' FWL Sec 13 T23N R9W Unit: F BHL: 706' FNL & 2284' FEL Sec 11 T23N R9W Unit: B				11. Country or Parish, State San Juan, NM		
12.	CHECK THE APPROPRIATE B	OX(ES) TO INDICATE NATU	RE OF NOTIC	E, REPORT OR OTHER	DATA	
TYPE OF SUBMISSION		TY	TYPE OF ACTION			
✓ Notice of Intent	Acidize	Deepen	□Produ	action (Start/Resume)	☐ Water ShutOff	
☑Notice of Intent	☐ Alter Casing	☐ Hydraulic Fracturing	Recla	mation	☐ Well Integrity	
Subsequent Report	Casing Repair	☐ New Construction	Recomplete		☑Other Flare Extension	
	☐ Change Plans	☐ Plug and Abandon	□Temp	oorarily Abandon		
Final Abandonment Notice	Convert to Injection	☐Plug Back	☐ Water Disposal			
reclamation, have been completed a is ready for final inspection.) Enduring Resources IV Frac activity for Encan If a cross flow event o 9/19/18 for 30 days, §	a on the Nageezi Unit 501H/ n the wells results in nitroger given approval. ollected upon the confirmation	to flare the <u>W Lybrook Unit</u> 502H/507H/510H. In content above Williams pip	710H if a pot	tential cross flow event	t may occur as a result of a nearl	
14. I hereby certify that the foregoing	ng is true and correct. Name (Pri	nted/Typed)				
Lacey Granillo Title: Permit Specialist						
Signature	Class	Date: 9/6/18				
	THE SPACE	FOR FEDERAL OR S	STATE OF	ICE USE		
Approved by	Mankey)	Title	AFN,	Date	e 9/17/18	
Conditions of approval, it any, are certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those rights		FFC	۷	,	
Title 18 U.S.C Section 1001 and T				lly to make to any departr	ment or agency of the United States	



