RECEIVED

Do not use	UNITED STATES DEPARTMENT OF THE BUREAU OF LAND MAN. RY NOTICES AND REP this form for proposals to well. Use Form 3160 - 3 (A	INTERIOR AGEMENT ORTS ON WE o drill or to re-e	enter an	5. Lease Serial No.	RM APPROVED B No. 1004-0135 res: January 31, 2004 ottee or Tribe Name
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. 8. Well Name and No. Federal 27 #6 9. API Well No.	
1. Type of Well Gas Well Other					
2. Name of Operator Max D. Webb					
P.O. Box 190, Farmington, NM 87499		3b. Phone No. (include area code) 505-320-6365		30-045-23019	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				10. Field and Pool, or Exploratory Area WAW Pictured Cliff	
790' FSL & 1850' FWL, Section 27, T27N, R13W				11. County or Parish, State	
				San Juan Co	o., New Mexico
12. CHECK	APPROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, R	REPORT, OR OT	HER DATA
TYPE OF SUBMISSION		TYPE OF ACTION			
Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (St. Reclamation Recomplete Temporarily Al Water Disposal	bandon	Water Shut-Off Well Integrity Other
If the proposal is to deepen Attach the Bond under which following completion of the testing has been completed, determined that the site is read to the site is	bleted Operation (clearly state all pertin directionally or recomplete horizontally the the work will be performed or provide involved operations. If the operation r Final Abandonment Notices shall be f ady for final inspection.)	y, give subsurface location de the Bond No. on file versults in a multiple comp filed only after all requires Production pits have	ns and measured and tro vith BLM/BIA. Requir sletion or recompletion ments, including reclan	ue vertical depths of a red subsequent report. in a new interval, a F- nation, have been con	Ill pertinent markers and zones. s shall be filed within 30 days orm 3160-4 shall be filed once apleted, and the operator has
				chilificani samutusi sa y	MMOCD
				1	AUG 1 6 2018
				DIS	TRICT III
14. I hereby certify that the fi Name (Printed/Typed)	oregoing is true and correct	I			

14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)				
Max D. Webb	Title Operator			
Signature	Date 6/1/18			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approved by Station State Conditions of approval, if any, are attached. Approval of this notice does not warra certify that the applicant holds legal or equitable title to those rights in the subject lewhich would entitle the applicant to conduct operations thereon.				

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.