RECEIVED

| Form 3160-5 (June 2015) | UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT | | | SSP 1 8 2013 | | FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. | | |
|---|---|---|---|--|------------|--|------------------------------|------------------|
| (June 2013) | | | | | | | | |
| | | | | | | NMNM136298 | | |
| | Do not use t | RY NOTICES AND REPO his form for proposals to rell. Use Form 3160-3 (A | o drill or to | re-enter ar | ad Manag | 6. If Indian, Allottee ement | or Tribe Name | |
| | T IN TRIPLICATE - Other instru | ıctions on page | 7. If Unit of CA/Agreement, Name and/or No. NMNM135255A | | | | | |
| 1. Type of Wel | ☐Gas Well ☐Other | 8. Well Name and No. KIMBETO WASH UNIT #768H | | | | | | |
| 2. Name of Op Enduring Reso | | | 9. API Well No 30-045-35753 | | | | | |
| 3a. Address 332 Cr 3100 Aztec, NM 87410 | | | 3b. Phone No. (include area code) 505-636-9743 | | | 10. Field and Pool or Exploratory Area BASIN MC | | |
| SHL: 456' FSI | Well (Footage, Sec L & 1076' FEL SI NL & 400" FWL | | | 11. Country or Parish, State San Juan, NM | | | | |
| | 12 | . CHECK THE APPROPRIATE B | OX(ES) TO IND | DICATE NATUR | E OF NOTIO | CE, REPORT OR OT | HER DATA | |
| TYPE C | | | TYPE OF ACTION | | | | | |
| □Notice of Intent | | Acidize | Deepen | | Prod | uction(Start/Resume) | ☐ Water ShutOff | |
| | | ☐Alter Casing | Hydraulio | Fracturing | Recl | amation | ☐ Well Integrity | |
| ⊠Subse | quent Report | Casing Repair | ☐ New Construction | | Reco | omplete | Other <u>SPUD/</u> | |
| □Final/ | Abandonment Notice | ☐ Change Plans | ☐ Plug and Abandon | | Tem | porarily Abandon | SURFACE | |
| | BP | ☐Convert to Injection | □Plug Back | | □Wate | Vater Disposal <u>CASING</u> | | |
| give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bo | | | | 13 SEP 2 6 2018 FARMINGTON FIELD OFFICE | | | | |
| good cmt to su | ırface | FW spacer & 67.2 bbls Type G MI to Install & test BOP at a | | | | | 120, bump plug @ 115 psi, ci | rc 27 bbl |
| 14. I hereby cer | ing is true and correct. Name (Prin | nted/Typed) | | | | | | |
| | 1 | A | | Title Permit Sp | pecialist | | | |
| Signature | | | Date 9/10/18 | | | | | |
| | | THE SPACE | FOR FEDI | ERAL OR S | TATE OF | ICE USE | | |
| Approved by | | | | | | | | |
| | | | | Title | | | Date | |
| certify that the | applicant holds leg | e attached. Approval of this notice gal or equitable title to those rights to conduct operations thereon. | | | | | | |