RECEIVED

Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCT 0 4 2013

FORM APPROVED OMB No. 1004-0137

Expires: January 31, 2018

5. Lease Serial No. N00C14205594

SUNDRY NOTICES AND REPORTS ON WELLS

Farmington Field Office 6. If Indian, Allottee or Tribe Name

Do not use this form for proposals to drill or to re-enter an Management

Supply Notices AND REPORTS ON WELLS

Farmington Field Office 6. If Indian, Allottee or Tribe Name

Bureau of Land Management

abandoned wel	I. Use Form 3160-3 (A	APD) for such pro	oposais.					
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit of CA/Agreement, Name and/or No. NMNM135217A			
1. Type of Well								
⊠Oil Well ☐Gas Well ☐Other					8. Well Name and No. N ESCAVADA UNIT #330H			
2. Name of Operator Enduring Resources IV LLC					9. API Well No. 30-043-21299			
3a. Address 3b. Phone No. (include area code)					10. Field and Pool or Exploratory Area			
200 Energy Court Farmington, NM 87401 505-636-9743				ESCAVADA N,MANCOS				
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SHL: 1587' FSL & 231' FWL, Sec 10, T22N, R7W BHL: 2327' FNL & 51' FWL, Sec 14 T22N, R7W					11. Country or Parish, State Sandoval, NM			
12. C	HECK THE APPROPRIATE E	BOX(ES) TO INDICATE	E NATURE C	OF NOTION	CE, REPORT OR OT	HER DATA		
TYPE OF SUBMISSION TYPE O				OF ACT	ACTION			
Notice of Intent	Acidize	Deepen		☐Production(Start/Resume)		☐ Water S	ShutOff	
Notice of Intent	☐ Alter Casing	☐ Hydraulic Fracturing		Reclamation		□ Well In:	tegrity	
_	Casing Repair	☐ New Construction		Recomplete		Other	· · · · · · · · · · · · · · · · · · ·	
Subsequent Report				☐ Temporarily Abandon		Change in	1	
Final Abandonment Notice	☑ Change Plans	☐ Plug and Abandon				plans-		
	Convert to Injection Plug Back			Water Disposal		Complet	tion	
completed. Final Abandonment is ready for final inspection.) Induring Resources IV LLC report of the complete state of the complete	equests a change in p	lans for the follow	ving:		ACCEPTED OCT	FOR RECO		
					Ву:		_	
14. I hereby certify that the foregoing	is true and correct. Name (Pr	inted/Typed)			//			
Lacey Granillo			Title Permit Specialist					
Signature	Date	Date 10/4/18						
	THE SPAC	E FOR FEDERAL	OR STA	TE OF	ICE USE			
Approved by		T				1	1	
/ book our	9	,	Title Pt	Ē		Date 10/10/	18	
Conditions of approval, if any, are at certify that the applicant holds legal which would entitle the applicant to o	or equitable title to those right		Office F	FO				
Title 18 U.S.C Section 1001 and Title any false, fictitious or fraudulent state				and willf	ully to make to any de	partment or agency of	f the United States	



