Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OF 4 2013

RECEIVED

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

5. Lease Serial No.

N0G13121793 6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

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

abandoned w	ell. Use Form 3160-3 (A	PD) for such pro	posals and rield Office	nt		
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 318H		
2. Name of Operator				9. API Well No.		
Enduring Resources, LLC				30-043-21301		
FOF (2) OF 12		3b. Phone No. (include	area code) 10. Field and Pool or Exploratory Area Escavada N; Mancos			
200 Energy Court Farmington, NM 87401		505-636-9743		Escavada IV, IVIalicos		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SHL: 268' FSL & 1548' FEL Sec 09 T22N R7W Unit: O SHL: 346' FSL & 2279' FEL Sec 05 T22N R7W Unit: O				11. Country or Parish, State Sandoval, NM		
12.	CHECK THE APPROPRIATE BO	OX(ES) TO INDICATE	NATURE OF NOTI	CE, REPORT OR OT	THER DATA	
TYPE OF SUBMISSION	OF SUBMISSION TYPE OF ACTION					
⊠Notice of Intent	Acidize	Deepen	Proc	duction (Start/Resume)	ion(Start/Resume)	
	☐ Alter Casing	☐ Hydraulic Fracturi	ng Rec	lamation	☐ Well Integrity	
Subsequent Report	Casing Repair	☐ New Constructio	n Rec	omplete		
☐Final Abandonment Notice	☑Change Plans	☐ Plug and Abando	n 🔲 Ter	nporarily Abandon	lon <u>Completion</u>	
	Convert to Injection	□Plug Back		er Disposal		
		□1 lug Dack				
induring Resources IV LLC requests a change in plans for the following:					NMOCD	
nduring will use slickwa	ter as the stimulation flu	uid instead of a n	itrogen foam f	luid.	OCT 1 2 2018 DISTRICT	
					DISTRICT	
14. I hereby certify that the forego	ing is true and correct. Name (Prin	nted/Typed)		1000		
Lacey Granillo			Title: Permit Specialist			
Signature			Date: 10/4/18			
	THE SPACE	FOR FEDERAL	OR STATE OF	ICE USE		
/ ///	my		Title PE		Date 10/10/18	
Conditions of approval, if any, arcertify that the applicant holds less which would entitle the applicant	e attached. Approval of this notice and of equitable title to those rights to conduct operations thereon.		Office \$FO			
	Fitle 43 U.S.C Section 1212, make istatements or representations as to			fully to make to any d	epartment or agency of the United States	

