NMOCD

Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NOV 0 9 2018

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

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

5.	Lease Serial No.	
	N0-G-1403-1948	
6.	If Indian, Allottee or Tribe Name	

abandoned w	ell. Use Form 3160-3 (A					
SUBMI	T IN TRIPLICATE - Other instr	7. If Unit of CA/Agreement, Name and/or No. NMNM 135216A				
Type of Well	☐Gas Well ☐Other			8. Well Name and No. W Lybrook Unit 754H		
2. Name of Operator Enduring Resources IV LLC			9. API Well No. 30-045-35817			
3a. Address 332 Cr 3100 Aztec, NM 8741	.0	3b. Phone No. (include area code) 505-636-9743		10. Field and Pool or Exploratory Area Lybrook Mancos W		
4. Location of Well (Footage, Sec. SHL: 1889' FSL & 708' FEL Sec BHL: 337' FSL & 341' FWL Sec	: 14 T23N R9W Unit: I)		11. Country or Parish, State San Juan, NM		
12.	CHECK THE APPROPRIATE B	OX(ES) TO INDICATE N	ATURE OF NOTI	CE, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION		ON				
□Notice of Intent	Acidize	Deepen		duction (Start/Resume)	☐Water ShutOff	
	☐ Alter Casing	☐ Hydraulic Fracturing		lamation	☐ Well In	tegrity
Subsequent Report	Casing Repair	☐ New Construction	Rec	omplete	Other	Clean out/Re-install
Final Abandonment Notice	Change Plans	☐ Plug and Abandon	Ter	nporarily Abandon		GLV
ુ ે	Convert to Injection	☐Plug Back	□Wat	ter Disposal		
provide the Bond No. on file with E completion or recompletion in a new	peration: Clearly state all pertinent detrially, give subsurface locations and me BLM/BIA. Required subsequent report winterval, a Form 3160-4 must be file and the operator has determined that the	asured and true vertical depths s must be filed within 30 days d once testing has been comple	of all pertinent marker following completion eted. Final Abandoni	ers and zones. Attach the Bon n of the involved operations.	d under which the w If the operation resul ly after all requireme	ork will be perfonned or its in a multiple ents, including
<u>9/13/18-9/14/18-</u> Clean ou	t			NOV n 6	2010	
<u>9/15/18-</u> Landed well @ 5 RDMO	157'. 157 Jnts of 2 7/8" 6.5 #	L-80. Packer set @ 502.	5'. 6 Gas Lift Va		2	E
14. I hereby certify that the foregoing	ng is true and correct. Name (Pri	nted/Typed)		Sy.	4	_
Lacey Granillo	•	Title: Do	rmit Specialist	2//		
Signature		Date: 9/				
	THE SPACE	FOR FEDERAL C	OR STATE OF	FICE USE		
Approved by						
		Tit	le	Da	ite	
Conditions of approval, if any, are	attached. Approval of this notice			Į Da		
certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those rights		fice			
Title 18 U.S.C Section 1001 and T	itle 43 U.S.C Section 1212, make	it a crime for any person ki	nowingly and will	fully to make to any depart	tment or agency of	f the United States

