Form 3160-5 (June 2015)

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

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FORM APPROVED
OMB No. 1004-0137
Expires: January 31, 201

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	
CONDIN	HOHOLO	AILD	TIEL OTTIO	011	Farming	

Do not use this form for proposals to drill or to re-enter an ad well Use Form 3160-3 (APD) for such pr

6. If Indian, Allottee or Tribe Name

5. Lease Serial No.

abanuoneu wen.	USE FUIIII 3 100-3 (A	PD) for such proposal	5.					
SUBMIT IN	TRIPLICATE - Other instr	7. If Unit of CA/Agreement, Name and/or No.						
1. Type of Well		Rosa Unit						
Oil Well Gas V	Vell Other	8. Well Name and No.	Rosa Unit 189					
2. Name of Operator Logos Operatin	g, LLC	9. API Well No. 30-039-30186						
3a. Address 2010 Afton Place		3b. Phone No. (include area cod	de)	10. Field and Pool or Exploratory Area				
Farmington, NM 87401		(505) 787-2218		Basin Mancos / Basin Dakota / Blanco Mesaverde				
4. Location of Well (Footage, Sec., T.,	R.,M., or Survey Description,	11. Country or Parish, State						
1455 FNL & 1780 FEL, Sec 21, T	31N, R5W , Unit G			Rio Arriba County				
12. CHE	CK THE APPROPRIATE B	OX(ES) TO INDICATE NATUR	E OF NOTI	CE, REPORT OR OTH	ER DATA			
TYPE OF SUBMISSION		TYPE OF ACTION						
Notice of Intent	Acidize	Deepen	Prod	uction (Start/Resume)	Water Shut-Off			
	Alter Casing	Hydraulic Fracturing	Recl	amation	Well Integrity			
Subsequent Report	Casing Repair	New Construction	Reco	mplete	<b>✓</b> Other			
66	Change Plans	Plug and Abandon	Tem	porarily Abandon	RaisedTubing			
Final Abandonment Notice	Convert to Injection	Plug Back	Wate	r Disposal	Taloot asing			
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attact the Bond under which the work will be perfonned or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has detennined that the site is ready for final inspection.)  10/4/2018 MIRU AZ748 Blow down, NDWH, NUBOP, function test BOP. RU for 2-3/8" tbg. Work stuck pipe. ND. Remove tbg hanger. NU BOP. Pumped produced water down tbg while attempted to rotate tbg unsuccessful. RU pumped 15% HCL w/ FW. SI well. SDFN.  10/5/2018 Work stuck pipe. No movement. RU WL. RIH, w/ free point tool. Tagged fill @ 7845'. PU to 7830' - 100% free. RIH, w/ chemical cutter. Cut tbg @ 7831'. Left Stabilizer (bow spring) on TOF @ 7831'. RD WL. SI well. SDFW.  10/9/2018 RU. TOOH, w/ 241jts of 2-3/8" 4.7# J-55 tbg. Left 21' cut of jt, 10jts, F-nipple & 1jt MA w/ mule shoe @ 7831'.  TIH, w/ production tbg, landed w/ 228jts of 2-3/8" 4.7# J-55 tbg. Left 21' cut of jt, 10jts, F-nipple & 1jt MA w/ mule shoe collar. ND BOP. NU WH. RU to swab. Recovered 39bbls of produced water. SDFN.  ACCEPTED FOR RECORD								
	OCT	17 2018		MINGTON FIELD	OFFICE			
	DIST	ILL TOL	Ву:_					

10/12/2018 Signature Date THE SPACE FOR FEDERAL OR STATE OFICE USE Approved by Title Date Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease Office which would entitle the applicant to conduct operations thereon.

Regulatory Specialist

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.

(Instructions on page 2)

Marie E. Florez

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

