

State of New Mexico
Energy, Minerals and Natural Resources Department

Susana Martinez
Governor

Ken McQueen
Cabinet Secretary

Matthias Sayer
Deputy Cabinet Secretary

Heather Riley, Division Director
Oil Conservation Division



New Mexico Oil Conservation Division approval and conditions listed below are made in accordance with OCD Rule 19.15.7.11 and are in addition to the actions approved by BLM on the following 3160-4 or 3160-5 form.

Operator Signature Date:

Well information:

LOGOS OPERATING, LLC

30-045-06621 RICHARDSON #002

Application Type:

- ☐ P&A ☐ Drilling/Casing Change ☐ Location Change
☐ Recomplete/DHC (For hydraulic fracturing operations review EPA Underground injection control Guidance #84; Submit Gas Capture Plan form prior to spudding or initiating recompletion operations)
☒ Other: Casing Integrity

Conditions of Approval:

- Notify NMOCD 24 Hours prior to commencing activities
- Notify the Agencies of any issues discovered
- Provide any proposed remediation to the agencies for review and approval prior to beginning remediation

NMOCD Approved by Signature

12/5/18
Date

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

NOV 27 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 abandoned well. Use Form 3160-3 (APD) for such proposals.

| | | |
|--|--|---|
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | 5. Lease Serial No. NMSF 077972 |
| 1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | | 6. If Indian, Allottee or Tribe Name |
| 2. Name of Operator LOGOS Operating, LLC | | 7. If Unit of CA/Agreement, Name and/or No. |
| 3a. Address 2010 Afton Place Farmington, NM 87401 | | 8. Well Name and No. Richardson 002 |
| 3b. Phone No. (include area code) (505) 787-2218 | | 9. API Well No. 30-045-06621 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 890 FSL & 990 FEL, SE/SE, P Sec 011 T27N R13W | | 10. Field and Pool or Exploratory Area Basin Fruitland Coal |
| | | 11. Country or Parish, State San Juan County, NM |

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | | | |
|--|---|---|--|---|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | BH Remediation |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |


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. Attach the Bond under which the work will be performed 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 determined that the site is ready for final inspection.)

LOGOS requests to perform a Bradenhead Remediation per the attached procedure and current wellbore diagram.

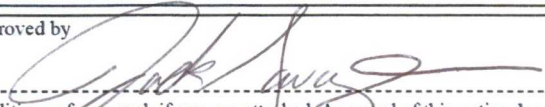
Reference: RBDMS MPK 1819036976

NMOCD
DEC 04 2018
DISTRICT III

BLM'S APPROVAL OR ACCEPTANCE OF THIS ACTION DOES NOT RELIEVE THE LESSEE AND OPERATOR FROM OBTAINING ANY OTHER AUTHORIZATION REQUIRED FOR OPERATIONS ON FEDERAL AND INDIAN LANDS

| | | | |
|---|--|-----------------------|--|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Marie E. Florez | | Regulatory Specialist | |
| Signature  | | Title | |
| Date | | 11/27/2018 | |

THE SPACE FOR FEDERAL OR STATE OFFICE USE

| | | |
|---|-------------------|----------------------|
| Approved by  | Title PE | Date 11/30/18 |
| 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 which would entitle the applicant to conduct operations thereon. | Office FTO | |

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)

NMOCD IV

Richardson 002
API: 30-045-06621

Richardson 002 Bradenhead Remediation Plan of Action:

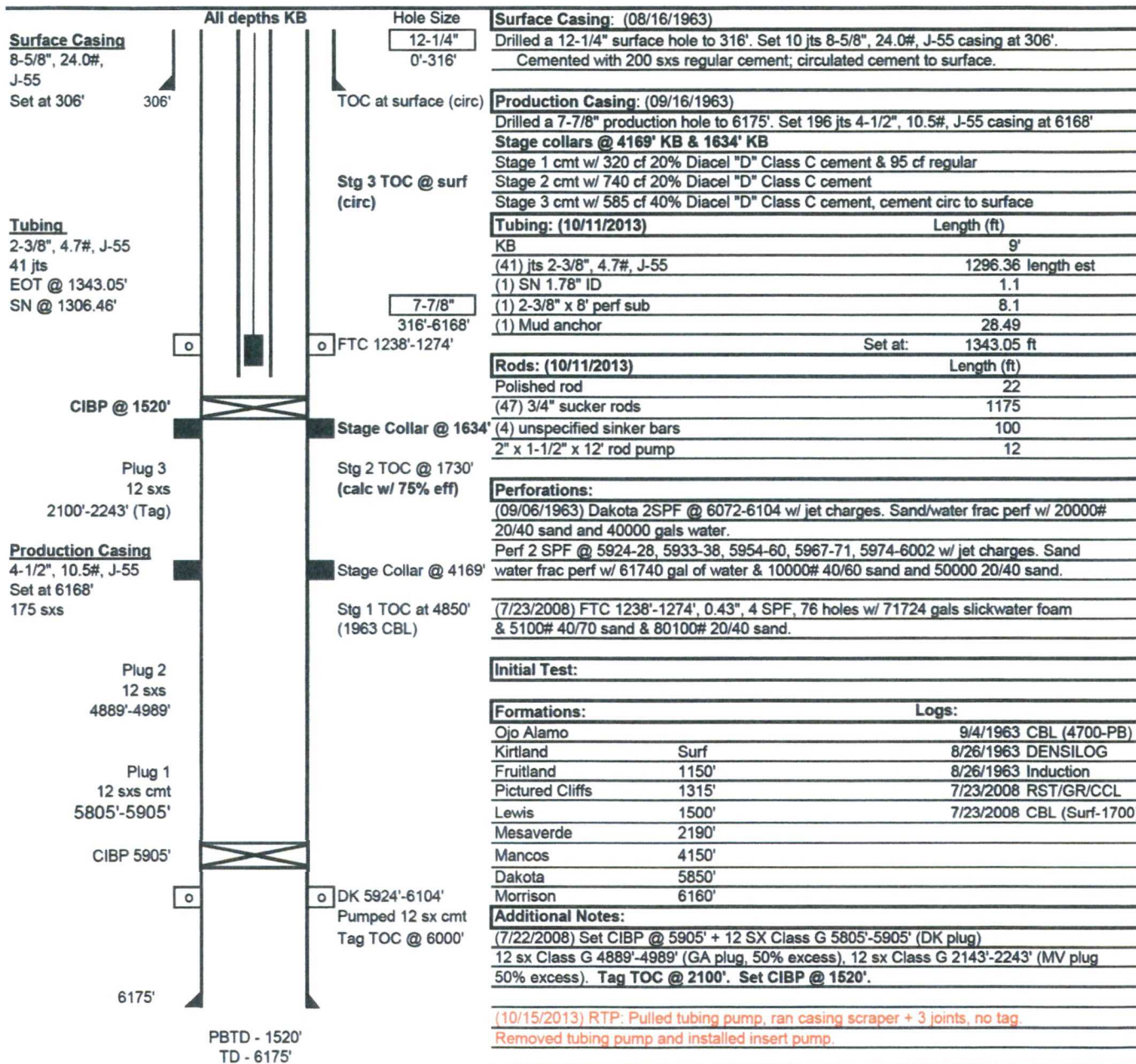
1. Contract wellhead company to check for secondary seal and replace if testing indicates failure
2. If wellhead testing/repair is done, conduct re-test of bradenhead
3. If bradenhead gas is not eliminated by wellhead repair, use workover rig for the following:
 - a. Set RBP to conduct casing MIT
 - b. If necessary, remediate casing (CBL on record from 1700' to surface)



Wellbore Schematic

Well Name: Richardson 2
 Location: P-11-T27N-R13W
 County: San Juan
 API #: 30-045-06621
 Co-ordinates: 36.5849495, -108.18293 NAD83
 Elevations: GROUND: 5876'
 KB: 5885'
 Depths (KB): PBDT: 1520'
 TD: 6175'

Date Prepared: 11/27/2018 CHR
 Last Updated: 11/27/2018
 Spud Date: 8/14/1963
 Completion Date: 9/8/1959
 Last Workover Date: 10/11/2013



BLM CONDITION OF APPROVAL

CASING REPAIR, WORKOVER AND RECOMPLETION OPERATIONS:

1. If casing repair operations are needed, obtain prior approval from this office before commencing repairs. If a CBL or other logs are run, provide this office with a copy.
2. After any casing repair operations, test cement squeeze to a minimum of 500# for 30 minutes with no more than 10 % pressure fall off in the 30 minute test period. Provide test chart with your subsequent report of operations
3. A properly functioning BOP and related equipment must be installed prior to commencing workover, casing repair, and/or recompletion operations.
4. Contact this office at (505) 564-7750 prior to conducting any cementing operations

SPECIAL STIPULATIONS:

1. Pits will be fenced during work-over operation.
2. All disturbance will be kept on existing pad.
3. All pits will be pulled and closed immediately upon completion of the recompletion and work-over activities.
4. Pits will be lined with an impervious material at least 12 mils thick.