Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. FORM APPROVED

OMB No. 1004-0137

Expires: January 31, 2018

5. Lease Number:	OFF		
NMSF077875	SEP	25	201
6. If Indian, allottee or Tribe Name:			

							Bui	reau of Land Manage
SUBMIT IN TRIPLICATE - Other instructions on page 2			7. Unit A	7. Unit Agreement Name:				
1. Type of Well:								
Oil Well X Gas	Well Oth	ner			8. Well Name and Number:			
	P O PIPKIN 4							
2. Name of Operator:					9. API W	/ell No.		
Hilcorp Energy Company			3004506499					
3a. Address 3b. Phone No. (include area code)			10. Field and Pool:					
382 Road 3100 Aztec, NM 8	7410	0 505-599-3400			DK - BASIN::DAKOTA			
4. Location of Well (Footage, Sec	.,T.,R.,M., or Surv	ey Description)		11. Cour	nty and State:		
1900' FSL & 1770' FWL	Sec:17, T:0	027N, R:010W	, Mer NMP NE	ESW	SAN JUAN, NM			
12. CH	HECK APPROPRI	ATE BOX(ES)	TO INDICAT	E NATUR	E OF NOT	ICE, REPORT, OTHER DA	ATA	
TYPE OF SUBMISSION				T	YPE OF A	CTION		
Notice of latent	Acidize		Deepen		Pr	oduction (Start/Resume)		Water Shut-Off
Notice of Intent	Alter Casin	g	Hydraulic F	racturing		eclamation		Well Integrity
X Subsequent Report	Casing Re		New Const	ruction	Re	ecomplete	X	Other
	Change Pla	ans	Plug and A	bandon	Te	emporarily Abandon		Production
Final Abandonment Notice	Convert to	Injection	Plug Back		W	ater Disposal		Verification
13. Describe Proposed or Completed If the proposal is to deepen direct Attach the Bond under which the completion of the involved operat been completed. Final Abandonm the site is ready for final inspection	ionally or recomplete work will be perfonne ions. If the operation nent Notices must be	horizontally, give ed or provide the results in a multi	e subsurface loc Bond No. on file ple completion o	ations and with BLM/l or recomple	measured a BIA. Require tion in a nev	nd true vertical depths of all per ed subsequent reports must be vinterval, a Form 3160-4 must	rtinent filed w be file	t markers and zones. vithin 30 days following ed once testing has
A production verification was	performed on the	subject well o	n 9/21/2018.	Please ex	ctend the s	hut-in status.		
TP: 0 CP:	0 1	nitial MCF: 0						
Meter No.: 73853	Gas Co	o.: ENT				MACD		
Production Verification - Wel	lis logged off and	will need rig wo	ork to produce	.	DE	C 2 1 2018		
Proj Type.: Production Ver	ification			ui myyrmayaani aanan a maa an	DIST	RICT III		
14. I Hereby certify that the	foregoing is true	e and correct.				100		
1.								
Signed LINUSI Christine Brook	tine 201	ock Tit	le: Operatio	ns/Regula	atory Tech	- Sr. Date: 9/25/2	018	
		THIS SPACE F	OR FEDERA	L OR STA	ATE OFFIC	E USE		
APPROVED BY	ve Man	rhiewie	3	Title	AFA	\		Date 2 8 18
Conditions of approval, if any, are attach certify that the applicant holds legal or ec which would entitle the applicant to cond	uitable title to those	rights in the subje		Office	FFO			