Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR						FORM APPROVED OMB No. 1004-0137 RECEIVED Expires: January 31, 2018					
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. SUBMIT IN TRIPLICATE - Other instructions on page 2							5. Lease Number: SEP 2 1 20/3				
							MSF077383A			NO 0 10	
							6. If Indian, allottee or Tribe Name: Promotion Field Office Ctribac of Lanc Manageme				
							7. Unit Agreement Name:				
1. Type of Well:											
Oil Well X Gas Well Other							8. Well Name and Number: NMOCO DAVIDSON GAS COM F 1E				
2. Name of Operator:							9. API Well No. DEC 2 0 2018				
Hilcorp Energy Company							3004524113				
3a. Address	3b. Phone No. (include area code)			10. Field and Pool: DISTRICT							
382 Road 3100 Aztec, NM 8	505-599-3400			C	OK - BASIN::DAKOTA						
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)							11. County and State:				
1520' FNL & 1520' FWL Sec:28, T:028N, R:010W, Mer NMP SEN						SAN JUAN, NM					
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE							E OF NOTICE, REPORT, OTHER DATA				
TYPE OF SUBMISSION TY							FACTION				
Notice of Intent		Acidize			Deepen		Production (Start/Resume)	e) Water S		hut-Off	
		Alter Casing			Hydraulic Fracturing		Reclamation	Well Integrity		grity	
X Subsequent Report		Casing Repair			New Construction		Recomplete	X Other			
Final Abandonment Notice		Change Plans			Plug and Abandon		Temporarily Abandon	Production Verification			
		Convert to Injection			Plug Back		Water Disposal				
Attach the Bond under which the completion of the involved operati	onally work v ons. I ent N	or recomplete will be perfonne f the operation	horizontally, ed or provide results in a n	give the E nultip	subsurface locations and Bond No. on file with BLM/I le completion or recomple	measur BIA. Re tion in a clamati	g date of any proposed work and ap ed and true vertical depths of all pe quired subsequent reports must be a new interval, a Form 3160-4 must on, have been completed and the c	filed within 3 be filed oncoperator has	ers an 30 day e testir	d zones. s following ng has	
A production verification was	perfe	ormed on the	subject we	ll on	. Please extend the s	hut-in	status.				
TP: 16 CP: 16 Initial M											
Meter No.: FR2696A		Gas Co	o.: HEC				$\Delta \Delta a$				
Production Verification - com	press	sion needed	for well to p	rodı	ucte over line pressure.		RMINGTON CHECD OFF	ICE			
Proj Type.: Production Ver	ficat	ion					1				
14. I Hereby certify that the	fore	going is true	e and corre	ect.							
Signed Lewis Christine Broo	tin	e Bri	cK	Title	e: Operations/Regula	tory T	ech - Sr. Date: 9/21/2	2018			
		٦	HIS SPAC	E FO	OR FEDERAL OR STA	TE OI	FICE USE				
APPROVED BY					Title			C)ate		
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.											
Title 18 U.S.C. Section 1001 and Title				a crir		ly and	willfully to make to any department of	or agency of	the U	nited	

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

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