Form 3160-5 (June 2015)

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

## SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED				
OMB No.	1004-0137			

5. Lease Number: NMNM03153

Expires: January 31, 2018

			6. If Indian, allottee or Tribe Name:		
Do not use this form for proposals to drill or re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.		Navajo Trust Land			
			7. Unit Agracument Name	KIIIISAITSI	
SUBMIT IN TRIPLICATE - Other instructions on page 2		7. Unit Agreement Name:			
1. Type of Well:					
Oil Well X Gas Well Other		8. Well Name and Number:			
			O H RANDEL 6E		
2. Name of Operator:			9. API Well No.		
Hilcorp Energy Company			3004524751		
3a. Address 3b. Phone No. (include area code)		10. Field and Pool:			
382 Road 3100 Aztec, NM 87410 505-599-3400		DK - BASIN::DAKOTA			
			GL - GALLEGOS::GALLUP		
4. Location of Well (Footage, Sec	.,T.,R.,M., or Survey Description	)	11 County and State:		
940' FSL & 790' FEL Sec:15, T:026N, R:011W, Mer NMP SESE		11. County and State:			
10 CL	JECK ADDDODDIATE DOV(EQ)	TO INDICATE MATUR	SAN JUAN, NM	ΛΤΛ	
TYPE OF SUBMISSION	TECK APPROPRIATE BOX(ES)		E OF NOTICE, REPORT, OTHER DA	A1A	
TYPE OF SUBIVISSION		TYPE OF ACTION			
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
	Alter Casing	Hydraulic Fracturing	Reclamation	Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete	X Other	
	Change Plans	Plug and Abandon	Temporarily Abandon	Production	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	Verification	
If the proposal is to deepen direct Attach the Bond under which the completion of the involved operat been completed. Final Abandonn the site is ready for final inspectio	ionally or recomplete horizontally, give work will be perfonned or provide the ions. If the operation results in a multi nent Notices must be filed only after al	e subsurface locations and r Bond No. on file with BLM/E ole completion or recomplet I requirements, including re	starting date of any proposed work and appressured and true vertical depths of all per BIA. Required subsequent reports must be tion in a new interval, a Form 3160-4 must loclamation, have been completed and the option to the shut-in status.	tinent markers and zones. filed within 30 days following be filed once testing has	
TP: 0 CP:	70 Initial MCF: 0			DEC 1 8 2018	
<b>Meter No.:</b> 94803	Gas Co.: ENT		HMOCD		
Production Verification - com	pression needed for well to prod	uce over line pressure.	DEC 0 4 2013	4.00 8.0 22.0	
Proj Type.: Production Ver	rification		DEC 2 1 2018	AFMSS	
			DISTRICT III		
14. I Hereby certify that the	foregoing is true and correct.		DISTRICT		
Signed Livesture Christine Brook	U Cour	le: Operations/Regula	tory Tech - Sr. Date: 9/24/2	018	
	THIS SPACE F	OR FEDERAL OR STA	TE OFFICE USE	-	
	ve Mankiewiez		AFM	Date 12/18/18	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conditions.	uitable title to those rights in the subje	ect lease Office	FFO		