

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

RECEIVED

5. Lease Number:

NMSF078977

SEP 10 2018

6. If Indian, allottee or Tribe Name:

Farmington Field Office  
Bureau of Land Management

## SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well:

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator:

Hilcorp Energy Company

3a. Address

382 Road 3100 Aztec, NM 87410

3b. Phone No. (include area code)

505-599-3400

7. Unit Agreement Name:

8. Well Name and Number:

FEDERAL C 3

9. API Well No.

3004533693

10. Field and Pool:

FRC - BASIN::FRUITLAND COAL

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

665' FNL &amp; 665' FEL

Sec:30, T:030N, R:013W, Mer NMP NENE

11. County and State:

SAN JUAN, NM

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

## TYPE OF SUBMISSION

- ☐
- Notice of Intent
- 
- ☒
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

## TYPE OF ACTION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <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       | Production Verification                   |
| <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 recompleate 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 recompleation 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.)

A production verification was performed on the subject well on 7/11/2018. Please extend the shut-in status.

TP: 95

CP: 95

Initial MCF: 0

Meter No.: 88033

Gas Co.: ENT

No pump action.

Proj Type.: Production Verification

NMOCD

DEC 21 2018

DISTRICT III

14. I hereby certify that the foregoing is true and correct.

Signed

Priscilla Shorty

Title: Operations/Regulatory Tech - Sr.

Date: 9/7/2018

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

APPROVED BY

Dave Mankiewicz

Title

AFM

Date

12/18/18

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

FFO

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 with its jurisdiction.

NMOCDPV