

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:

NMSF078518A

NOV 28 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:

NMNM78395C

8. Well Name and Number:

HUERFANO UNIT 137

9. API Well No.

3004513030

10. Field and Pool:

DK - BASIN::DAKOTA NMNM78395C

PC - HUERFANO::PICTURED CLIFFS NMSF078518A

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

1657' FSL & 1600' FEL

Sec:31, T:026N, R:009W, Mer NMP NWSE

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	Re-delivery
<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.)

This well was re-delivered on 11/21/2018 and produced natural gas and entrained hydrocarbons.

TP: 230 CP: 230 Initial MCF: 241

Meter No.: 73-465-01 Gas Co.: ENT

THIS WELL WAS RECOMPLETED TO THE PC AND THE DK WAS ISOLATED BY A CIBP FOR 90-DAYS. THE CIBP WAS REMOVED AND TI WELL IS NOW PRODUCING AS A PC/DK COMMINGLE UNDER DHC-4842.

Proj Type.: RECOMPUTE

NMOCD

FEB 04 2019

DISTRICT III

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

Signed

Cherylene Weston  
Cherylene Weston

Title: Operations/Regulatory Tech - Sr.

Date: 11/27/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

APPROVED BY

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

Date

Office

ACCEPTED FOR RECORD

FEB 01 2019

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.

By: MB

NMOCD