Form 3160-5 (June 2015)	DEP	UNITED STATES EPARTMENT OF THE INTERIO			REC	DEIVE	OMB No. 1004-0137 Expires: January 31, 2018			
BUREAU OF LAND MANAGEMEN					MAK	012	5. Lease Serial No. NMSF 078511			
SUNDRY NOTICES AND REPORTS ON WELLS							6. If Indian, Allottee or Tribe Name			
Do not use this form for proposals to drill or to re-epternation Field abandoned well. Use Form 3160-3 (APD) for such proposals and Ma										
SUBMIT IN TRIPLICATE - Other instructions on page 2							7. If Unit of CA/Agreen	ient, Name and/or No		
1. Type of Well							8. Well Name and No. Quinn 339S			
Oil Well Gas Well Other   2. Name of Operator Occos Operation U.C.							9. API Well No. 30-045-34189			
22 Address Operating, ELC					ide area code,	,		30-045-34189 Id and Pool or Exploratory Area		
Sa. Address     2010 Afton Place     Sb. Phone N       Farmington, NM 87401     (505) 787-					ue ureu coue,	, ,	Basin Fruitland Coal			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)							11. Country or Parish, State			
1210 FSL & 695 FWL, SW/SW, M Sec 20 T31N R08W						San Juan County, NM				
		TK THE APPROPRIATE BO	DX(ES)	) TO INDICA				R DATA		
TYPE OF SUBM	YPE OF SUBMISSION				TYPE OF ACTION					
Notice of Intent		Acidize	Ľ	Deepen Hydraulic	Fracturing		amation (Start/Resume)	Water Shut-Off		
Subsequent Repo	rt	Casing Repair	Ľ	New Cons	truction	Reco	mplete	Other		
Final Abandonment Notice Convert to Injection							porarily Abandon rr Disposal			
completion of the in completed. Final Ab is ready for final ins The following wel Tubing PSI: 0 Casing PSI: 27 Line PSI: 234 Initial MCF: 20 Meter: 122992 Transporter: ENT	volved operation andonment Not pection.) Il was shut in n	be perfonned or provide the ns. If the operation results in ices must be filed only after nore than 90 days , set a t	est co	iple completio	on or recompl uding reclam	etion in a ation, have	new interval, a Form 316 e been completed and the 8/2019.	0-4 must be filed once	e testing has been ned that the site	
14. I hereby certify that the foregoing is true and correct. Name ( <i>Printed/Typed</i> ) Marie E. Florez					Regulatory Specialist Title					
Signature MMA MARA					Date 02/28/2019					
		THE SPACE	FOR	FEDERA	L OR ST	ATE OF	ICE USE			
Approved by					Title			D FOR REC	;ORD	
Conditions of approval, if any, are attached. Approval of this notice does not warra certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.					Office		MA	NK 0 6 2018		
Title 18 U.S.C Section 1 any false, fictitious or fra	001 and Title 43 udulent stateme	U.S.C Section 1212, make ants or representations as to a	t a crin ny mat	ne for any per ter within its j	son knowingl urisdiction.	y and will	fully to make to any depe	riment or agency of th	e Mited States	

(Instructions on page 2)

