2		REC	EIVEL	3		
Form 3160-5	UNITED STATE		FORM APPROVED			
(August 2007)	(August 2007) DEPARTMENT OF THE INTERIOR			OMB No. 1004-0137		
	BUREAU OF LAND MAN	AGEMENT .	0 3 201	5. Lease Serial No.	July 31, 2010	
		C		NM	SF079391	
S	UNDRY NOTICES AND REPO	RTS ON WELLS	nd Mana	6 If Indian, Allottee or Tribe N	lame	
	use this form for proposals to ed well. Use Form 3160-3 (Al			goment		
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well						
Oil Well X Gas Well Other				8. Well Name and No.		
2. Name of Operator	2. Name of Operator				San Juan 27-5 Unit 126E 9. API Well No.	
	Hilcorp Energy Company				39-30518	
3a. Address				No. (include area code) 10. Field and Pool or Exploratory Area 505-599-3400 Basin Dakota		
	382 Road 3100, Aztec, NM 87410		00	Basin Dakota 11. Country or Parish, State		
	4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Surface Unit L (NWSW) 2626'FSL & 185' FWL, Sec		05W	Rio Arriba , New Mexico		
Bottomhole Unit F	(SENW) 2614'FNL & 1607' FV	NL, Sec. 7, T27N, R	05W			
12. CHEC	CK THE APPROPRIATE BOX(ES)	TO INDICATE NATUR	RE OF NO	TICE, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION	N	TYPE OF ACTION				
X Notice of Intent	Acidize	Deepen	I	Production (Start/Resume)	Water Shut-Off	
L_	Alter Casing	Fracture Treat	I	Reclamation	Well Integrity	
Subsequent Report	Casing Repair	New Construction		Recomplete	X Other	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back		Femporarily Abandon Water Disposal	Cement Squeeze	
	ed Operation: Clearly state all pertinent deta			1	mate duration thereof	
Hilcorp Energy Com	received from Brandon Powe pany MV recomplete procedu perforate sqz hole @ 6300', s	ire to include the fo	ollowing	cement squeeze:		
	n cement to isolate before Me			and an other of the		
NM O C D						
ADR 0.9 2013						
FUTUR H J LOU						
	DISTRICT III					
14. Thereby certify that the foregoing	ing is true and correct. Name (Printed/Typ	ad)				
14. Thereby centry that the foregol	ing is the and correct. Name (1 maco 1 yp					
Tammy Jones	Tammy Jones		Title Operations/Regulatory Technician - Sr.			
	1					
Signature / AMM	Signature / MMA / Map			4/4/201	9	
	THIS SPACE FO	R FEDERAL OR ST	ATE OF	FICE USE		
Approved by			1			
Dave Mankiewicz			Title	AFM	Date 4/5/19	
Conditions of approval, if any, are that the applicant holds legal or equ entitle the applicant to conduct ope	ase which would	Office	FFO	, ( )		
	Fitle 43 U.S.C. Section 1212, make it a crim nents or representations as to any matter wi		y and willful	ly to make to any department or	agency of the United States any	
(Instruction on page 2)	terms of representations as to any matter wi					
		NMOCDY	$\sim$			