DEPARTM	NITED STATES ENT OF THE INTERIOR F LAND MANAGEMENT	RECEIVED	FORM APPROVED OMB No. 1004-0135 Expires Jnovember 30, 2000 5. Lease Serial No.
Do not use this abandoned well.	form for proposals to d Use Form 3160-3 (APD) fo	or such proposals. Farmington Flaid Offic	14-20-151-46 6. If Indian, Allottee or Tribe Name Ute Moutain Ute
	ICATE – Other instructio	ons on the side and the side of the side o	97. If Unit or CA/Agreement, Name and/or N
1. Type of Well Gas Well Other			8. Well Name and No.
2. Name of Operator			Southern Union #1
Epic Energy, LLC			9. API Well No.
3a. Address 3b.			30-045-10741
7415 East Main, Farmington, NM     87402     50       4.     Location of Well (Footage, Sec., T., R., M., or Survey Description)		05-327-4892	10. Field and Pool, or Exploratory Area
e.		N R15\//	Verde Gallup 11. County or Parish, State
Unit Letter H, 1985' FNL & 732' FEL; Section 16, T31N, R15W			
			San Juan County, NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<ul> <li>Notice of Intent</li> <li>Subsequent Report</li> <li>Final Abandonment Notice</li> </ul>			
determined that the site is ready for final i	p replacement job was complete	ed, the Southern Union #1 was retu	interval, a Form 3160-4 shall be filed once have been completed, and the operator has urned to production on April 5, 2019.
NMOCD ACCEPTED FOR REC			
NWO C D			CEIVED
JUN 2 n 2019		JUN 1 2 2019	JUN 0 4 2019
DISTRICT	I ros h	Rips Field office	aureau of Land Management Durango, Colorado
14. I hereby certify that the foregoing	g is true and correct		
Name (Printed Typed)		Title	ton Cresislist
	Signature		tory Specialist
and and a		Date	y 17, 2019
	THIS SPACE FOI	R FEDERAL OR STATE USE	
Approved by		Title	Date
Conditions of approval, if any, are attached certify that the applicant holds legal or equit which would entitle the applicant to conduct Fifle 18 U.S.C. Section 1001 mat false, ficturous or fraudulent state United States any	able title to those rights in the subject lea		y department or agency of the

NMOCD