# **RECEIVED**

# **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 2 6 2019

FORM APPROVED OMB No. 1004-0137

|    |       |        | Г   | expires. January 3 |
|----|-------|--------|-----|--------------------|
| 5. | Lease | Serial | No. | NMNM 136672        |

SUNDRY NOTICES AND REPORTS ON WELLS

6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill on to re-enterion D OFFICE

| abandoned well. U   | Jse Form 3160-3 (A             | PD) for such                                | proposal       | s.                           |  |  |  |
|---|--------------------------------|---|----------------|------------------------------|--|--|--|
| SUBMIT IN 1   | RIPLICATE - Other instr        | 7. If Unit of CA/Agreement, Name and/or No. |                |                              |  |  |  |
| 1. Type of Well   |                                | 7 - 9 -                                     |                |                              | NMNM 138467                            |  |  |
| Oil Well Gas W  |                                |   |                | 8. Well Name and No.         | Agape 2307 07P Com 3H                  |  |  |
| 2. Name of Operator LOGOS Operation   |                                |   |                | 9. API Well No. 30-039-31368 |  |  |  |
| 3a. Address 2010 Afton Place  |                                | 3b. Phone No. (in                           | clude area cod |                              | 10. Field and Pool or Exploratory Area |  |  |
| Farmington, NM 87401  |                                | (505) 324-4145                              |                |                              | Basin Mancos / Lybrook Gallup          |  |  |
| 4. Location of Well (Footage, Sec., T.,R  | .,M., or Survey Description,   | )   |                |                              | 11. Country or Parish, S               | tate                                   |  |
| 1288' FSL & 337' FEL, SE/SE, P \$   | Sec 7 T23N R07W                |   |                |                              | Rio Arriba County, N                   | MM                                     |  |
| 12. CHE   | CK THE APPROPRIATE B           | OX(ES) TO INDIC                             | CATE NATUR     | E OF NOTIO                   | CE, REPORT OR OTHE                     | ER DATA                                |  |
| TYPE OF SUBMISSION  |                                |   | TYPE OF ACTION |                              |  |  |  |
| ✓ Notice of Intent  | Acidize                        | Deepen                                      |                | Produ                        | uction (Start/Resume)                  | Water Shut-Off                         |  |
| Thomas of finesh  | Alter Casing                   | Hydrau                                      | lic Fracturing | Recla                        | amation                                | Well Integrity                         |  |
| Subsequent Report   | Casing Repair                  | g Repair New Construction                   |                | Reco                         | mplete                                 | <b>✓</b> Other                         |  |
| Subsequent Report   | Change Plans                   | Plug an                                     | d Abandon      | Temp                         | orarily Abandon                        | Name Change                            |  |
| Final Abandonment Notice  | Convert to Injection           | Plug Ba                                     | ck             | Water                        | r Disposal                             | Name Change                            |  |
| Please disregard previous nam<br>Trinity 2307 07P Com 3H. See   |                                | 7P Com 3H) sund                             | Iry dated 4/30 | 0/19. LOGO                   | OS requests to change                  | e the well name to                     |  |
|   |                                |   |                |                              | NA                                     | MOCD                                   |  |
|   |                                |   |                |                              | JUN                                    | 27 2313                                |  |
|   |                                |   |                |                              | DISTRI                                 | ICT III                                |  |
| MOLD DICTOR   | Le rome                        | : 3258                                      | 18             |                              |  |  |  |
| 14. I hereby certify that the foregoing is  | true and correct. Name (Pr     | inted/Typed)                                |                |                              |  |  |  |
| Tamra Sessions  | O                              | Т   | Regulato       | ry Specialis                 | t                                      |  |  |
| Signature and   | wons                           | D   | ate            |                              | 06/26/201                              | 9                                      |  |
|   | THE SPACE                      | FOR FEDER                                   | RAL OR ST      | TATE OF                      | ICE USE                                |  |  |
| Approved by Dave  | Mankiewic                      | 3   | Title          | AFW                          | ) Da                                   | nte 6-26-19                            |  |
| Conditions of approval, if any, are attack-<br>certify that the applicant holds legal or e<br>which would entitle the applicant to con- | quitable title to those rights |   |                | FO                           |  |  |  |
| Title 18 U.S.C Section 1001 and Title 43 any false, fictitious or fraudulent stateme  |                                |   |                | gly and willf                | fully to make to any depa              | artment or agency of the United States |  |

(Instructions on page 2)

Effective date of alange NMOCD A 7/1/19

DISTRIC

CALC'D PT.

DISTRICY I
1625 N. French Dr., Hobbs, N.M. 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
DISTRICT II
811 S. First St., Artesia, N.M. 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
DISTRICT III
1000 Rio Brazos Rd., Aztec, N.M. 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
DISTRICT IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 478-3460 Fax: (505) 478-3462

#### State of New Mexico Energy, Minerals & Natural Resources Department

#### OIL CONSERVATION DIVISION

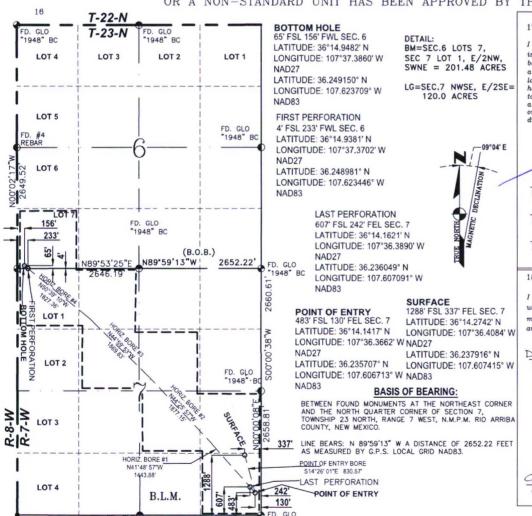
1220 South St. Francis Dr. Santa Fe, NM 87505 Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

## WELL LOCATION AND ACREAGE DEDICATION PLAT

| <sup>1</sup> API Number<br>30-039-31368 | <sup>2</sup> Pool Code <sup>3</sup> Pool Name<br>97232/42289 BASIN MANCOS/LYBRO |                        | SALLUP |  |
|---|---|------------------------|--------|--|
| <sup>4</sup> Property Code              | operty Code SProperty Name  |                        |        |  |
| 325818                                  | TRINITY 2307 7P COM   |                        |        |  |
| OGRID No.                               | <sup>8</sup> Opera  | <sup>9</sup> Elevation |        |  |
| 289408                                  | 289408 LOGOS OPERATING, LLC   |                        |        |  |
|   | <sup>10</sup> Surfa   | ice Location           |        |  |

UL or lot no Section Township Lot Idn Feet from the North/South line Feet from the East/West line Range County RIO ARRIBA P 7 23-N 7 - W1288 SOUTH 337 FAST 11 Bottom Hole Location If Different From Surface UL or lot no Section Lot Idn Feet from the North/South line Feet from the East/West line Township Range County LOT 7 7 - W23-N 65 SOUTH 156 WEST RIO ARRIBA Dedicated Acres 13 Joint or Infill 14 Consolidation Code 16 Order No. PROJECT AREA 321.48 ACRES SEE DETAIL BELOW

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



S89\*59'47"W

"1948" BC

### 17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or a working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Tanteni 6/26/19 Signature Date

Tamra Sessions

Printed Name

tsessions@logosresourcesllc.com

E-mail Address

#### 18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

