

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE - Other instructions on page 2.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>NMSF080430A</b>
2. Name of Operator <b>Hilcorp Energy Company</b>		6. If Indian, Allottee or Tribe Name
3a. Address <b>382 Road 3100, Aztec, NM 87410</b>		7. If Unit of CA/Agreement, Name and/or No. <b>San Juan 28-6 Unit</b>
3b. Phone No. (include area code) <b>505-599-3400</b>		8. Well Name and No. <b>San Juan 28-6 Unit 213</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>Surface Unit A (NENE) 1180 'FNL &amp; 1000' FEL, Sec. 31, T28N, R06W</b>		9. API Well No. <b>30-039-20844</b>
		10. Field and Pool or Exploratory Area <b>Blanco Mesaverde/Basin Dakota</b>
		11. Country or Parish, State <b>Rio Arriba, New Mexico</b>

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompleate 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 recompleation 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.)

**Hilcorp Energy Company plans to recompleate the subject well in the Mesaverde formation and downhole commingle with the existing Dakota. Attached is the MV C102, recompleate procedure & wellbore schematic. The DHC application will be submitted and approved prior to commingling. A closed loop system will be utilized. Interim reclamation will be performed after surface disturbing activities.**

Notify NMOCD 24 hrs  
prior to beginning  
operations

This well is pending approval of well density exemption.

HOLD C104 FOR Density  
exception

NMOCD

JUL 19 2019

DISTRICT III

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) <b>Cherylene Weston</b>		Title <b>Operations/Regulatory Technician - Sr.</b>
Signature <i>Cherylene Weston</i>		Date <i>6/26/19</i>

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by	Title
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.	Office

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 within its jurisdiction.

NMOCD AY

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

ACCEPTED FOR RECORD  
JUL 19 2019  
FARMINGTON FIELD OFFICE

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**District I**

1625 N. French Dr., Hobbs, NM 88240  
 Phone:(575) 393-6161 Fax:(575) 393-0720

**District II**

811 S. First St., Artesia, NM 88210  
 Phone:(575) 748-1283 Fax:(575) 748-9720

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410  
 Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**

1220 S. St Francis Dr., Santa Fe, NM 87505  
 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural**  
**Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Form C-102  
 August 1, 2011

Permit 269101

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

1. API Number <b>30-039-20844</b>	2. Pool Code <b>72319</b>	3. Pool Name <b>BLANCO-MESAVERDE (PRORATED GAS)</b>
4. Property Code <b>318710</b>	5. Property Name <b>SAN JUAN 28 6 UNIT</b>	6. Well No. <b>213</b>
7. OGRID No. <b>372171</b>	8. Operator Name <b>HILCORP ENERGY COMPANY</b>	9. Elevation <b>6483</b>

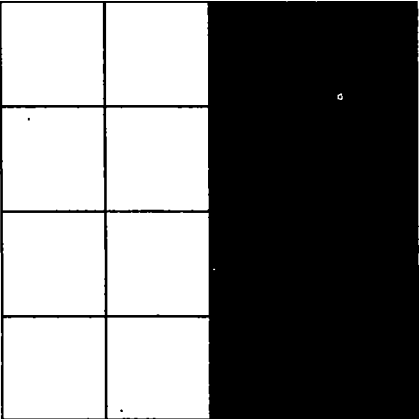
**10. Surface Location**

UL - Lot <b>A</b>	Section <b>31</b>	Township <b>28N</b>	Range <b>06W</b>	Lot Idn	Feet From <b>1180</b>	N/S Line <b>N</b>	Feet From <b>1000</b>	E/W Line <b>E</b>	County <b>RIO ARRIBA</b>
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**11. Bottom Hole Location If Different From Surface**

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
12. Dedicated Acres <b>326.29 - E/2</b>	13. Joint or Infill			14. Consolidation Code			15. Order No.		

**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**

	<b>OPERATOR CERTIFICATION</b>	
	<i>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(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i>	
	E-Signed By: <i>Cherylene Weston</i> Title: Cherylene Weston, Ops/Regulatory Tech-Sr. Date: 06/26/2019	
	<b>SURVEYOR CERTIFICATION</b>	
<i>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.</i>		
Surveyed By: <b>DAVID KILVEN</b> Date of Survey: <b>3/13/1974</b> Certificate Number: <b>1760</b>		



## HILCORP ENERGY COMPANY

SAN JUAN 28-6 UNIT 213

### MESA VERDE RECOMPLETION SUNDRY

API #: 30-039-20844

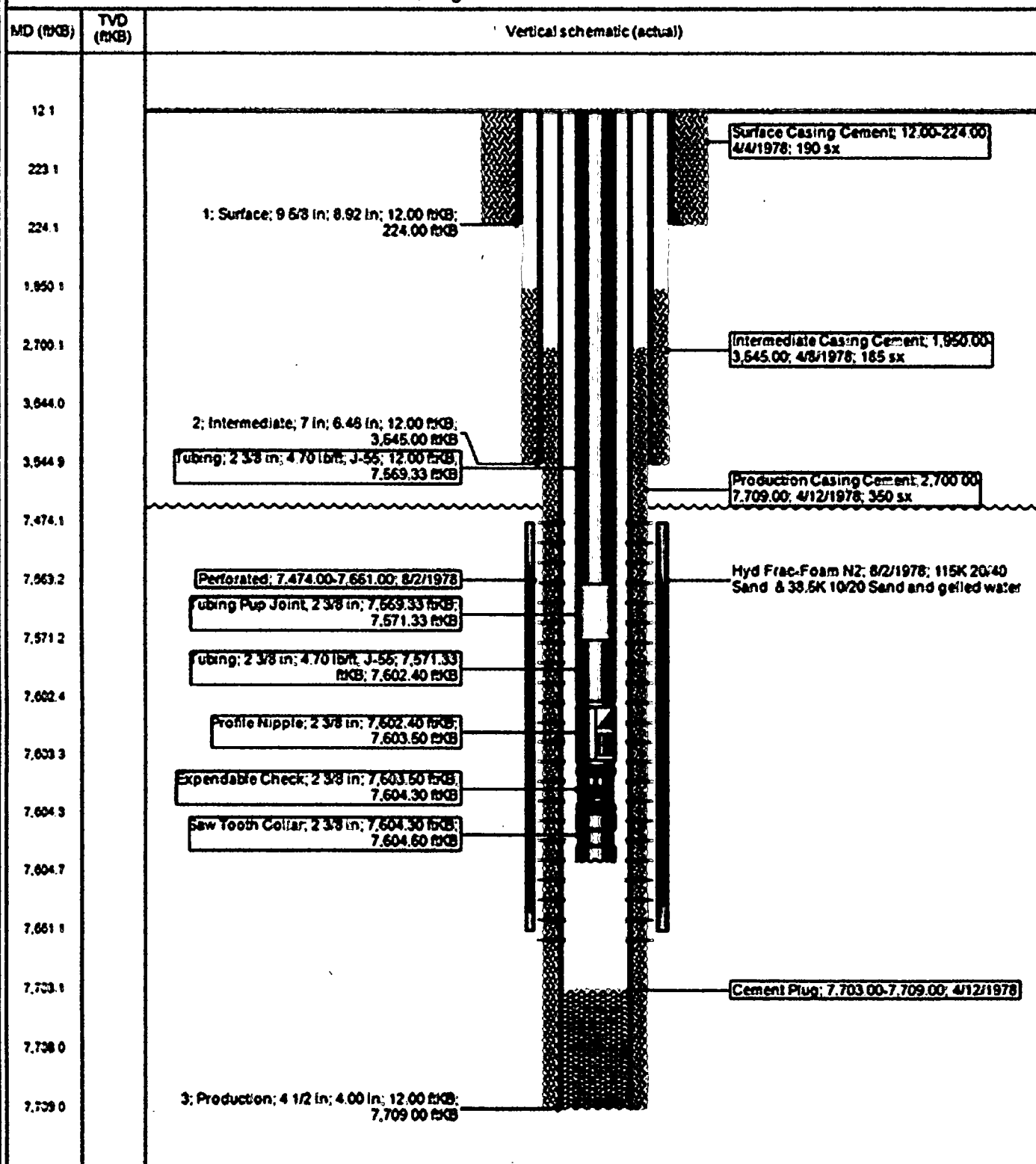
#### JOB PROCEDURES

1. MIRU Service rig and associated equipment, test BOP. Check Bradenhead pressures daily and record throughout the recompleting project. Notify NMOCD and BLM if any anomalous pressure changes occur on the Bradenhead.
2. TOOH w/ 2 3/8" tubing set at 7604'.
3. Set initial CIBP at 7424' or deeper (no higher than 50' above existing perforations)
4. Perform MIT from initial CBP, providing 24 hr notice to BLM and NMOCD. Once completed, review and submit the MIT charted test results to both the NMOCD and BLM. If the MIT fails, discuss and gain approval with both the NMOCD and BLM with a plan of action to remediate the wellbore. Perform a 2nd MIT once remediated.
5. Run CBL and submit it to NMOCD and BLM.
6. Optionally set bridge plug below intended recompleting interval.
7. ND BOP, NU frac stack. Pressure test the production casing or frac string and frac stack to maximum frac pressure. The pressure test will not exceed 85% of the internal yield pressure rating of the primary treatment string.
8. Perforate and frac the Mesa Verde within 4846'-5908'.
9. Optionally set a kill plug above recompleting interval for casing fracs.
10. ND the frac stack, NU the BOP and test.
11. MU and TIH with a mill. Tag and drill out the top isolation plug and Mesa Verde frac plugs if applicable.
12. Clean out the wellbore to the top of the Dakota isolation plug.
13. Once water and sand rates are acceptable, drill out the Dakota isolation plug and cleanout to PBTD of 7703'. TOOH.
14. TIH and land production tubing. Get a commingled Dakota/MV flow rate.

**Well Name: SAN JUAN 28-6 UNIT #213**

API: 3003920844	Surface Legal Location: 031-02871-00671-A	Field Name: BASIN DAKOTA (PRORATED G #0068)	1008	State Province: NEW MEXICO	Well Configuration Type: VERTICAL
Grain Elevator (C): 8.483.00	Original RABAT Elevator (C): 8.495.00	AS-Grain Elevator (A): 12.00	AS-Casing Range Elevator (A)	AS-Valve Range Elevator (A)	

**VERTICAL, Original Hole. 6/5/2019 12:30:29 PM**





UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
FARMINGTON DISTRICT OFFICE  
6251 COLLEGE BLVD.  
FARMINGTON, NEW MEXICO 87402

Attachment to notice of Intent to Recomplete & Commingle

Well: San Juan 28-6 Unit 213 30-039-20844

**CONDITIONS OF APPROVAL**

1. Contact BLM Inspection and Enforcement @ (505) 564 – 7750, 24 hours prior to conducting MIT work so an inspector can be present to witness the MIT.

Contact John Hoffman, Petroleum Engineer @ (505) 564 – 7742 to discuss any failed MIT results and/or your remedial action and isolation plans.

**Submit the electronic copy of the MIT Test Chart and CBL for verification to the following addresses: [jhoffman@BLM.gov](mailto:jhoffman@BLM.gov) and [Brandon.Powell@state.nm.us](mailto:Brandon.Powell@state.nm.us).**

2. The following modifications to your recompletion program are to be made:

- a) Upon rigging up, record Bradenhead pressure and monitor same during recompletion operations. Notify BLM and NMOCD if anomalous pressure changes occur. Provide monitoring results in the subsequent Report of Operations.
- b) Casing pressure test for fracture stimulation operations cannot exceed the internal yield strength of the casing including a 20% safety factor unless a waiver is granted. Stimulation operations cannot exceed this test pressure.
- c) CIBP for base of fracture stimulation to be set less 50' above top existing perforation.

3. File well test and recompletion results within 30 days of completing recompletion operations.