

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

5. Lease Serial No.
NMSF078888

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM78407E

8. Well Name and No.
ROSA UNIT 600

9. API Well No.
30-039-29783

10. Field and Pool or Exploratory Area
BASIN MANCOS

11. County or Parish, State
RIO ARriba COUNTY, NM

SUBMIT IN TRIPLICATE - Other Instructions on page 2

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
LOGOS OPERATING, LLC
Contact **MARIE E FLOREZ**
E-Mail: **mflorez@logosresourcesllc.com**

3a. Address
**2010 AFTON PLACE
FARMINGTON, NM 87401**
3b. Phone No. (include area code)
Ph: **505-787-2218**

4. Location of Well (Fontage, Sec., T., R., M., or Survey Description)
**Sec 11 T31N R4W SENW 2320FNL 2600FWL
36.949437 N Lat, 107.224319 W Lon**

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Other

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 recomplete 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 recompletion 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.

The following well was shut in more than 90 days, unloaded the well and re-delivered on 8/2/2019.

Tubing PSI: 108
Casing PSI: 372
Line PSI: 115

Initial MCF: 13

Allocation Meter: 25042 - Huber System
Meter: 93504 - CDP
Transporter: Harvest

NMOC

JAN 21 2020

DISTRICT III

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #487611 verified by the BLM Well Information System
For LOGOS OPERATING, LLC, sent to the Farmington
Committed to AFMS for processing by MELISSA REEVES-WIENTJES on 10/11/2019 ()

Name (Printed/Typed) **MARIE E FLOREZ**

Title **REGULATORY SPECIALIST**

Signature (Electronic Submission)

Date **10/11/2019**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

ACCEPTED FOR RECORD

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

OCT 11 2019

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.

(Instructions on page 2)

**** OPERATOR SUBMITTED ** OPERATOR SUBMITTED ** OPERATOR SUBMITTED ****

NMOC