Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED
OM B No 1004-0137
Expires: March 31, 2007

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Form 3160-5 April 2004)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENTA		SEP 7 7 2009		FORM APPROVED OM B No 1004-0137 Expires: March 31, 2007 5. Lease Serial No.	
SUND	NY NATIANA AND DEDARTA	ON WE	tîts Ma	NM 07		
BUREAU OF LAND MANAGEMENT OF COUNTY OF SUNDRY NOTICES AND REPORTS ON WELL'S Management of the county				6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. NE Hogback Unit		
1. Type of Well ☐ ☐ Gas Well ☐ ☐ Other ☐ Other				8. Well Name and No.		
2. Name of Operator Parawon Operating, LLC				NE Hogback Unit #50 9 API Well No.		
3a. Address 3b. Phone No. (in			20.045.2000			
P.O. Box 5226 Farmington, NM 87499 505-334-2428			10. Field and Pool, or Exploratory Area Horseshoe Gallup			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State		
1940' FNL 375' FWL Sec. 11 T30N R16W				San Juan County, New Mexico		
12. CHECK	APPROPRIATE BOX(ES) TO INDICA	TE NATU	RE OF NOTICE, R	EPORT, OF	R OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION						
 ■ Notice of Intent	Acidize Deepe		Production (Sta	urt/Resume)	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair New O	Construction	Recomplete		Other	
Final Abandonment Notice	Change Plans Plug a Convert to Injection Plug B	nd Abandon Back	Temporarily At Water Disposal	pandon		
If the proposal is to deeper Attach the Bond under wh following completion of the testing has been completed determined that the site is	ppleted Operation (clearly state all pertinent details, a directionally or recomplete horizontally, give subsich the work will be performed or provide the Bone involved operations. If the operation results in a direction in the state of th	surface location d No. on file multiple com after all require	ons and measured and tru with BLM/BIA. Require pletion or recompletion i	ne vertical dept ed subsequent n a new interva	hs of all pertinent markers and zones. reports shall be filed within 30 days al, a Form 3160-4 shall be filed once	
The subject wen was a	trained to production on September 7, 200.	<i>.</i>				
					RCVD SEP 24'09	
					oil coms. Div.	
,						
14. Thereby certify that the Name (Printed/Typed	foregoing is true and correct					
Richard Bal		Title	Operator			
Signature	an Tay	Date	9-14-	09	AAARDTEN EAD DEAAA	
	THIS SPACE FOR FEDER	AL OR S	STATE OFFICE	USE	EXECUTION	
		,			SEP 2 2 2009	
Approved by 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			Title Office		Date STATE OF THE OFFICE V CM-	
	ant to conduct operations thereon. Title 43 U.S.C. Section 1212, make it a crime for	1		to make to an	y department or agency of the United	
States any false, fictitious or fra	udulent statements or representations as to anyn	natter within i	ts jurisdiction.	CHARUN All	J department of agency of the Contest	

(Instructions on page 2)