

HOBBS OCDUNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SEP 21 2016

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.***Carlsbad Field Office**
OCD Hobbs**RECEIVED****SUBMIT IN TRIPLICATE - Other instructions on reverse side.**5. Lease Serial No.
NM127446
6. If Indian, Allotment Name
7. If Unit or CA/Agreement, Name and/or No.8. Well Name and No.
PRYOR DBR FEDERAL STATE COM 1H9. API Well No.
30-025-4209310. Field and Pool, or Exploratory
OJO CHISO11. County or Parish, and State
LEA COUNTY, NM1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
GMT EXPLORATION LLC
Contact: MARISSA WALTERS
E-Mail: mwalters@gmtexploration.com3a. Address
1560 BROADWAY SUITE 2000
DENVER, CO 802023b. Phone No. (include area code)
Ph: 303-586-92754. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 1 T23S R34E SWSW 200FSL 350FWL
32.193697 N Lat, 103.255221 W Lon

12. CHECK 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 checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input 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 recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

GMT is proposing to install a casing patch from 14,470' to 12,672'. The patch is to repair a collapse/hole in the casing at approximately 13,150'. The issue was discovered after fracture stimulating the first 2 stages.

GMT will test this casing repair to a pressure rating consistent with original casing design specifications for 5 1/2", 20#/ft, P-110.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #351041 verified by the BLM Well Information System
For GMT EXPLORATION LLC, sent to the Hobbs
Committed to AFMSS for processing by TEUNGKU KRUENG on 09/13/2016 ()

Name (Printed/Typed) KEITH KRESS	Title ENGINEER
Signature (Electronic Submission)	Date 09/13/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By **Teungku Muchlis Krueng**Title **PETROLEUM ENGINEER**

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ******APPROVED**
SEP 13 2016
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE