| Hobbs  FORM APPROVED<br>OMB No. 1004-0137<br>Expires: October 31, 2014    5. Lease Serial No.<br>NMNM116574  5. Lease Serial No.<br>NMNM116574    6. If Indian, Allottee or Tribe Name    enter an<br>roposals.    e 2.    7. If Unit of CA/Agreement, Name and/or No.    Bell Lake 24 Fed 4H    9. API Well No.<br>30-025-41304    9. API Well No.<br>30-025-41304    0. 8. 2016    10. Field and Pool or Exploratory Area<br>Lower Bone Spring    11. County or Parish, State<br>Lea, NM    E NATURE OF NOTICE, REPORT OR OTHER DATA    TYPE OF ACTION    Production (Start/Resume)    Well Integrity    eat    Reclamation    Well Integrity    uction    Recomplete    Ø Other Completion    bandon    Water Disposal    match Disposal    match Disposal                                                                                                                                                                                                                                                                                       |
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| 5. Lease Serial No.<br>NMNM116574    6. If Indian, Allottee or Tribe Name    enter an roposals.    e 2.    7. If Unit of CA/Agreement, Name and/or No.    8. Well Name and No.<br>Bell Lake 24 Fed 4H    9. API Well No.<br>30-025-41304    9. API Well No.<br>30-025-41304    10. Field and Pool or Exploratory Area<br>Lower Bone Spring    11. County or Parish, State<br>Lea, NM    E NATURE OF NOTICE, REPORT OR OTHER DATA    TYPE OF ACTION    Production (Start/Resume)    Water Shut-Off    eat    Reclamation    Well Integrity    uction    Recomplete    Ø Other    Completion    andon    Temporarily Abandon    Water Disposal                                                                                                                                                                                                                                                                                                                                                                                                        |
| Senter an roposals.  6. If Indian, Allottee or Tribe Name    e 2.  7. If Unit of CA/Agreement, Name and/or No.    8. Well Name and No. Bell Lake 24 Fed 4H  9. API Well No. 30-025-41304    0.8 2016  9. API Well No. 30-025-41304    ade area code)  10. Field and Pool or Exploratory Area Lower Bone Spring    II. County or Parish, State Lea, NM  Lea, NM    E NATURE OF NOTICE, REPORT OR OTHER DATA  TYPE OF ACTION    Production (Start/Resume)  Water Shut-Off    eat  Reclamation    Well Integrity  Other Completion    bandon  Temporarily Abandon    Water Disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| enter an roposals.  7. If Unit of CA/Agreement, Name and/or No.    e 2.  7. If Unit of CA/Agreement, Name and/or No.    Bell Lake 24 Fed 4H  9. API Well No.    0.8 2016  9. API Well No.    0.8 2016  10. Field and Pool or Exploratory Area    Lower Bone Spring  11. County or Parish, State    Lea, NM  11. County or Other DATA    TYPE OF ACTION  11. County or Completion    Production (Start/Resume)  11. Well Integrity    Part Complete  11. Outher Completion    Dandon  11. Temporarily Abandon    Pater Disposal  11. Temporarily Abandon    Pater Disposal  11. County proposed work and approximate duration thereo |
| 8. Well Name and No.<br>Bell Lake 24 Fed 4H    9. API Well No.<br>30-025-41304    ade area code    10. Field and Pool or Exploratory Area<br>Lower Bone Spring    11. County or Parish, State<br>Lea, NM    E NATURE OF NOTICE, REPORT OR OTHER DATA    TYPE OF ACTION    Production (Start/Resume)    Water Shut-Off    eat    Reclamation    Well Integrity    nuction    Recomplete    Water Disposal    mg estimated starting date of any proposed work and approximate duration thereof. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Bell Lake 24 Fed 4H    9. API Well No.<br>30-025-41304    9. API Well No.<br>30-025-41304    10. Field and Pool or Exploratory Area<br>Lower Bone Spring    11. County or Parish, State<br>Lea, NM    E NATURE OF NOTICE, REPORT OR OTHER DATA    TYPE OF ACTION    Production (Start/Resume)    Water Shut-Off    eat    Reclamation    Well Integrity    ruction    Recomplete    Water Disposal    mg estimated starting date of any proposed work and approximate duration thereof. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Ide area code)  10. Field and Pool or Exploratory Area    Lower Bone Spring  11. County or Parish, State    Lea, NM  Lea, NM    E NATURE OF NOTICE, REPORT OR OTHER DATA  TYPE OF ACTION    Image: Production (Start/Resume)  Water Shut-Off    eat  Reclamation  Well Integrity    ruction  Recomplete  Other  Completion    bandon  Temporarily Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ECEIVED  Lower Bone Spring    11. County or Parish, State    Lea, NM    E NATURE OF NOTICE, REPORT OR OTHER DATA    TYPE OF ACTION    Production (Start/Resume)    Water Shut-Off    eat    Reclamation    Well Integrity    nuction    Recomplete    Vater Disposal    g estimated starting date of any proposed work and approximate duration thereof. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Lea, NM    E NATURE OF NOTICE, REPORT OR OTHER DATA    TYPE OF ACTION    Production (Start/Resume)  Water Shut-Off    eat  Reclamation  Well Integrity    ruction  Recomplete  Other  Completion    bandon  Temporarily Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| TYPE OF ACTION    Production (Start/Resume)  Water Shut-Off    eat  Reclamation  Well Integrity    ruction  Recomplete  Other  Completion    bandon  Temporarily Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| eat Reclamation Well Integrity<br>ruction Recomplete Other Completion<br>bandon Temporarily Abandon<br>Water Disposal<br>rg estimated starting date of any proposed work and approximate duration thereof. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Water Disposal gestimated starting date of any proposed work and approximate duration thereof. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| # BADGER 40/70; 384,622# CRC 40/70; 45,000 GAL 15% HCL; 44,944 GAL<br>top & cement.<br>ENTERED<br>IN AFINISS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Regulatory Analyst COTED EOR RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 09/23/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| OR STATE OFFICE USE2 2 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Title BURAD OF LAND MANAGEMENT<br>CARLSBAD FIELD DATEICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| nowingly and willfully of make to any department or agency of the United States any false,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| and the second se                                                                                                                                                                                                                                                                                                                                                 |
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