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Form 3160-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			ES NTERIOR	BBS OCD		FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. LC-030174-B			
SUNDRY NOTICES AND REPORTS ON WELL Do not use this form for proposals to drill or to re- abandoned well. Use Form 3160-3 (APD) for such p						6. If Indian, Allottee or T			
SUBMIT IN TRIPLICATE - Other instructions on page 2						7. If Unit of CA/Agreement, Name and/or No.			
1. Type of Well				8. Well Name and No. W H RHODES B F	EDERAL NCT 1 #29				
2. Name of Operat PPC OPERAT				9. API Well No. 30-025-32109					
3a. Address 1500 INDUSTRIAL BLVD., STE. 304 3b. Phone No.			3b. Phone No. (325-267	COAC		10. Field and Pool or Ex RHODES; YATES-S			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)				11. Country or Paris		11. Country or Parish, S	tate		
2528 FNL & 1246 FEL; 27, 26S, 37E 🖌						LEA	с.		
_	12. CHE	CK THE APPROPRIATE B	OX(ES) TO IND	ICATE NATUR	CATE NATURE OF NOTICE, REPORT OR OTHER DATA				
TYPE OF S	TYPE OF SUBMISSION TYPE					ACTION			
Notice of Intent Subsequent Report Final Abandonment Notice		Casing Repair New Constr		ulic Fracturing Construction and Abandon	Recl Recc Tem	roduction (Start/Resume) Water Shut-Off eclamation Well Integrity ecomplete Other emporarily Abandon Vater Disposal			
the proposal is the Bond unde completion of completed. Fir is ready for fin 11/23/201 1. PULLED 2. CLEANE 3. REPLAC 4. RIH WIT 5. RETURN	to deepen directiona or which the work will the involved operational Abandonment No all inspection.) 6 - 11/24/2016 AND SCANNED D OUT HOLE. ED BAD JOINTS TH RODS & PUM IED WELL TO PR	Illy or recomplete horizontal II be performed or provide th ons. If the operation results in trices must be filed only after TUBING. OF TUBING. IP. RODUCTION.	ly, give subsurfa e Bond No. on fi n a multiple com r all requirements	ce locations and le with BLM/BL pletion or recom	measured a A. Required pletion in a	nd true vertical depths of I subsequent reports must new interval, a Form 310	k and approximate duration the fall pertinent markers and zone t be filed within 30 days follow 60-4 must be filed once testing e operator has detennined that	es. Attach ving has been	
 I hereby certify that the foregoing is true and correct. Name (Printed/Typed) JANA SPRABERRY 			rinted/Typed)	Title OF		MINISTRATOR			
A 1									
Signature Date 12/15/2016									
THE SPACE FOR FEDERAL OR STATE OFICE USE									

Approved by		
	Title	Date
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. Accepted for Record Only

(Instructions on page 2)