Form 3160- 5 (August, 200 <b>HOBBS O</b>	UNITED ST	TATES	200	1	FORM APPROVED		
(August, 2004 OBB)  DEPARTMENT OF THE INTERIOR				OMB No. 1004- 0137			
BUREAU OF LAND MANAGEMENT				V/V7 =	Expires: July 31, 2010		
FEB 200				5. Lease Serial No.			
SUNDRY NOTICES AND REPORTS ON WELLS  to not use this form for proposals to drill or to re-enter an				NM-40449  6. If Indian, Allottee, or Tribe Name			
RE abandoned well. Use Form 3160-3 (APD) for such proposals.				Jo. 11 maian, 7mc	ntee, or Tribe Name		
SUBMIT IN TRIPLICATE - Other Instructions on page 2.				7. If Unit or CA.	Agreement Name an	ad'or No.	
Type of Well				8 Well Name ar	I.V.		
Oil Well Gas Well Other							
2 Name of Operator There a Facility Program as LLC				Federal AN #1			
Three Forks Resources, LLC  3a Address 3b Phone No trachale area code)				9. API Well No.			
555 17th Street Suite 975				30-025-29088			
Denver, CO 80202	303-3	303-318-0717		10 Field and Pool, or Exploratory Area			
4. Location of Well tFootage, Sec., T., R., M., or Survey Description)  Lat.				Young;Queen			
NW/4 NW/4, Unit L, Sec 8, T18S, R32E			11. County or Parish, State				
1980' FSL, 660' FWL Long.				Lea Co	inty	NM	
12. CHECK APPROP	PRIATE BOX(S) TO INDICA	ATE NATURE OF	NOTICE, REPOR	RT, OR OTHER	R DATA		
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent	Deepen	pen Production (Start' Resume)			off.		
	Altering Casing	Fracture Treat	Reclamation		Well Integrit	ÿ	
Subsequent Report	Casing Repair	New Construction	Recomplete		Other	c. 427321 7	
	Change Plans	Plug and abandon	Temporarily A	Abandon	Change of Op	erator	
Final Abandonment Notice Convert to Injection		Plug back	back Water Disposal				
following completion of the involtesting has been completed. Final determined that the site is ready for Effective January 1, 201  Three Forks Resources, 555 17th Street, Suite 97 Denver, CO 80202 303-318-0717  Scotty A. Smith - Presid	7 the owner of the above volume of the above v	ults in a multiple comp ed only after all require well changed to:	letion or recompletion ements, including reels	in a new interval, imantion, have been	a Form 3160-4 shien completed, and t	all be filed once the operator has	
14. Thereby certify that the foregoing i Name (Printed Typed)	s true and correct						
IRENE	Title	OPERATIONS TECHNICIAN					
Signature Acne A	Date	Date 2/13/2017					
	() THIS SPACE FOR	R FEDERAL OR S	STATE OFFICE	USE			
Approved by	chad. Approval of this notice does a	Title		. D	ate		
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 Office which would entitle the applicant to conduct operations thereon.							
Title 18 U.S.C. Section 1001 AND T States any false, fictitiousor fraudulent s				fully to make any	department again	of the United	
(Instructions on page 2)							