Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

5. Lease Serial No

FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018

BUREAU OF LAND MANAGEMENT

Hobbs

5. Lease Serial No LC063228

SUNDRY NOTICES AND REPORTS ON WELLS AY 2 9 2018

6. If Indian, Allottee or Tribe Name

abandoned well.	Use Form 3160-3 (A	to drill or to re-enter an APD) for such p roposals.	=D	
SUBMIT IN TRIPLICATE - Other instructions on page 2			7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well Gas	Well Other		8. Well Name and No CORSAIR 27 FEDERAL #1	
2. Name of Operator U. S. ENERGY	DEVELOPMENT CORPC	DRATION	9. API Well No 30-025-34901	
3a. Address 1521 N. COOPER ST SUITE 700		3b. Phone No. (include area code) (682) 305-2868	10. Field and Pool or Exploratory Area ARISTE DRAW DELAWARE	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 330' FSL & 1980' FEL, SEC 27 T23S R32E)	11. Country or Parish, State LEA COUNTY, NM	
12. CH	ECK THE APPROPRIATE E	BOX(ES) TO INDICATE NATURE OF NO	TICE, REPORT OR OTHER DATA	
TYPE OF SUBMISSION		TYPE OF A	CTION	
Notice of Intent	Acidize Alter Casing	Hydraulic Fracturing Re	oduction (Start/Resume) Water Shut-Off Well Integrity	
Subsequent Report Final Abandonment Notice	Casing Repair Change Plans Convert to Injection	Plug and Abandon Te	ecomplete emporarily Abandon fater Disposal Ocerator	
completed. Final Abandonment N is ready for final inspection.) CHANGE OF OPERATOR FF ECHO PRODUCTION, INC P O BOX 1210 GRAHAM TX 76450 940-549-3292 TO NEW OPERATOR:	otices must be filed only after ROM: BLM BOND - NM2692		11MDAA 1629	
14. I hereby certify that the foregoing is		eached onto o	perator 3/29/18	
ANGELA CATE	strue and correct. Name (17	TECHNICAL ANA	ALYST	
Signature	-	Date	01/31/2018	
A Jewa	THE SPACE	E FOR FEDERAL OR STATE O	OFICE USE	-
Approved by Conditions of approval, if any, are atta certify that the applicant holds legal or			5/16/1	8
which would entitle the applicant to co		Onice	1/12	
Title 18 U.S.C Section 1001 and Title any false, fictitious or fraudulent stater			villfully to make to any department or agency of the Unite	d States