Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Hobbs

FORM APPROVED
OMB No. 1004-0137
Expires: January 31, 201

6. If Indian, Allottee or Tribe Name

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 propes (15 CD

			4	7 1017	/4 31	1/ 37	
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit of CA. NM 91044	Agreement, Nam		
1. Type of Well Gas Well Other		JUN 1 3 2018		8. Well Name ar	nd No. S COOP FEDERA		
2. Name of Operator PPC OPERATION			EIVED	9. API Well No.	30 025 32370		
3 4 1 1	· · · · · · · · · · · · · · · · · · ·	3b. Phone No. (include are	ea code)		ol or Exploratory	Area	
Ja. Address 10355 CENTREPARK DR., STE. 100 HOUSTON, TX 77063		(325) 267-6046		RHODES YATES SEVEN RIVERS			
4. Location of Well (Footage, Sec., T., R)		11. Country or Parish, State				
130' FNL & 1301' FWL; UL D, SECTION 27, T-26S, R-37E, NMPM				LEA COUNTY, NEW MEXICO			
12. CHE	CK THE APPROPRIATE BO	OX(ES) TO INDICATE NA	ATURE OF NOTION	CE, REPORT OF	R OTHER DATA		
TYPE OF SUBMISSION			TYPE OF ACT	TION			
✓ Notice of Intent	Acidize Alter Casing	Deepen Hydraulic Fractu	=	uction (Start/Res amation	′ =	er Shut-Off I Integrity	
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abando	=	mplete			
Final Abandonment Notice	Convert to Injection	Plug Back		r Disposal		GE OF OPERATOR	
13. Describe Proposed or Completed O the proposal is to deepen directiona the Bond under which the work wil completion of the involved operation completed. Final Abandonment Not is ready for final inspection.)	lly or recomplete horizontally I be perfonned or provide the ons. If the operation results in	y, give subsurface location Bond No. on file with BL a multiple completion or i	s and measured an M/BIA. Required ecompletion in a page.	d true vertical de subsequent repor new interval, a F	epths of all pertine rts must be filed w orm 3160-4 must	nt markers and zones. Attach rithin 30 days following be filed once testing has been	
THIS IS NOTIFICATION THAT 12/11/2012. THE FORM 3160							
PER NTL89, PPC OPERATING CONCERNING OPERATIONS				TONS, STIPUL	ATIONS, AND R	ESTRICTIONS	
BOND COVERAGE: BLM BOI	ND NO.: NMB000991						
CHANGE OF OPERATOR EFF	FECTIVE: 12/11/2012 (PE	R OCD SIGNATURE A	PPROVAL)				
FORMER OPERATOR: BC OF ACQUIRING OPERATOR: PP			1)				
14. I hereby certify that the foregoing is	true and correct. Name (Pri	nted/Typed)					
Jana Spraberry		Title	FICE ADMINIST	RATOR	/\		
Signature Jana Op	raberry	Date		09	0/04/2015		
0 0	THE SPACE	FOR FEDERAL O	R STATE OF	ACE OF T	ED FØR R	EQOR I Ø	
Approved by		Title			AY 3/6 20/		
Conditions of approval, if any, are attack certify that the applicant holds legal or e which would entitle the applicant to con	equitable title to those rights		ce	BURSALV	4/	GENTAL	
Title 18 U.S.C Section 1001 and Title 4 any false, fictitious or fraudulent statem				N = F :: N J	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ng decy of the United States	
(Instructions on page 2)							