Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD Hobbs

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an HOBBS

abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No. 6. If Indian, Allottee or Tribe Name

			A1106					
SUBMIT IN 1		Unit or CA/Agreen		or No.				
1. Type of Well Gas Well Oth		RECEIVE Mame and No. ARCHIE FEDERAL 1						
Name of Operator MCELVAIN ENERGY INC	TONY G COOPER r@mcelvain.com		9. API Well No. 30-025-36507-00-S1					
3a. Address 511 16TH STREET SUITE 700 DENVER, CO 80202 3b. Phone N Ph: 303-8					10. Field and Pool or Exploratory Area EK-YATES-7RVRS-QUEEN			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. C	County or Parish, S	tate		
Sec 26 T18S R33E SENE 215		LEA COUNTY, NM						
12. CHECK THE AP	PROPRIATE BOX(ES)	TO INDICATE NA	TURE OF NOTI	CE, REP	ORT, OR OTH	ER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION							
☐ Notice of Intent ☐ Acidize					ction (Start/Resume)			
Subsequent Report ■	☐ Alter Casing		raulic Fracturing Reclam			☐ Well Integrity		
	□ Casing Repair	■ New Constr		complete		Other Site Facility Diagra		
☐ Final Abandonment Notice	□ Change Plans	☐ Plug and Al	oandon 🔲 Ter	nporarily A	arily Abandon m/Security			1
	☐ Convert to Injection	☐ Plug Back	Back					
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi Please see revised site facility	operations. If the operation re andonment Notices must be fil nal inspection. diagram for this well (att	sults in a multiple comple ed only after all requirem ached).	tion or recompletion ents, including reclar	in a new int	erval, a Form 3160 been completed ar	-4 must be filed	once	
Electronic Submission #429747 verified by the BLM Well Informatio For MCELVAIN ENERGY INC, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 08/02/201								
Name (Printed/Typed) TONY G C	litle	Title SR EHS SPECIALIST						
Signature (Electronic S	ubmission)	Date	08/02/2018	ACCEPTED FOR RECORD				1
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Approved By Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent which would entitle the applicant to condu			BU	AUG 2	Q018 Date MANAGEMEN	ır		
Title 18 U.S.C. Section 1001 and Title 43 t States any false, fictitious or fraudulent s	J.S.C. Section 1212, make it a	crime for any person kno	wingly and willfully	to make to a	CARLSBAD FIF my department or a		iited	

