Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTEGER Shad Field Office FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMNM121958 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. NMNM138694 8. Well Name and No.		
If Indian, Allottee or Tribe Name  7. If Unit or CA/Agreement, Name and/or No. NMNM138694  8. Well Name and No.		
NMNM138694  8. Well Name and No.		
DOMINATOR 25 FEDERAL COM 608H		
9. API Well No. 30-025-44705-00-X1		
10. Field and Pool or Exploratory Area WILDCAT;WOLFCAMP		
11. County or Parish, State		
LEA COUNTY, NM		
CE, REPORT, OR OTHER DATA		
N		
duction (Start/Resume)		
lamation		
omplete 🖸 Other		
nporarily Abandon Hydraulic Fracture		
Disposal		
d subsequent reports must be filed within 30 days in a new interval, a Form 3160-4 must be filed once lation, have been completed and the operator has \$\frac{4}{3}\$ sand \$\frac{8}{4}\$.		
ntion System 019 (19PP1798SE)		
REPRESENTATIVE		
USE		
or Record MAY 0 8 2019		
Shepard eld Office		
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