

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office

FORM APPROVED

OMB NO. 1004-0137

Expires: January 31, 2018

OCD Hobbs

Lease Serial No.
NMNM137469**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 proposals.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator AMEREDEV OPERATING LLC		7. If Unit or CA/Agreement, Name and/or No. NMNM139207
Contact: CHRISTIE HANNA E-Mail: CHANNA@AMEREDEV.COM		8. Well Name and No. NANDINA FED COM 25 36 31 125H
3a. Address 5707 SOUTHWEST PARKWAY BLDG 1 STE 275 AUSTIN, TX 78735	3b. Phone No. (include area code) Ph: 7373004723	9. API Well No. 30-025-45244-00-X1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T25S R36E SESE 200FSL 2270FEL 32.080128 N Lat, 103.303001 W Lon		10. Field and Pool or Exploratory Area UNKNOWN WOLFCAMP
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

12/27/2018 Run 267 jts 7 5/8" P110 FJM casing to 11,341'

12/28/2018 Pressure test lines to 4000 psi. Pumped 20 bbls of chemical wash followed by, 20 bbls of fresh water. Pumped 387 bbls of lead cement (880 sks) @ 11.9 ppg (2.47 cuft/sk, 50:50:10 - Class H: Poz:Gel w/ 5% Salt + 10% Gel + .3% Fluid Loss + .4% Retarded + .125 lb/sk Cellophane + 3lb/sk Kolseal + .4 lb/sk Defoamer + .2% Anti Settling. Pumped 44 bbls of tail cement (200 sks) @ 14.4 ppg (1.25 cuft/sk, 50:50:2- Poz:ClassH:Gel w/ .3% Fluid Loss + .1% Dispersant + .1% Retarder) Displaces 516 bbl, Bumped Plug final lift 2,410 psi. Bled back 3 bbl Floats Held. Returns diminished 330 bbl into displacement no cement circulated to surface.

12/29/2018 Tested Casing to 2500 psi for 30 min, Test Good

14. I hereby certify that the foregoing is true and correct. Electronic Submission #475801 verified by the BLM Well Information System For AMEREDEV OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by DEBORAH HAM on 07/30/2019 (19DMH0178SE)	
Name (Printed/Typed) ZACHARY BOYD	Title OPERATIONS SUPERINTENDENT
Signature (Electronic Submission)	Date 07/30/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title Accepted for Record	SEP 12 2019
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 which would entitle the applicant to conduct operations thereon.	Office Jonathon Shepard Carlsbad Field Office	Date

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

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Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
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Attachment

5. Lease Serial No.
NMNM137469

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
NANDINA FED COM 25 36 31 125H2. Name of Operator
AMEREDEV OPERATING LLC9. API Well No.
30-025-452443a. Address
5707 Southwest Parkway, Building 1, Suite 275 Austin, TX 787353b. Phone No. (include area code)
(737)300-470010. Field and Pool or Exploratory Area
WC-025 G-09 S263620C / WOLFCAMP4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Surface: Lot O / 200 FSL / 2270 FEL / LAT 32.0801266 / LONG -103.3030035
At Proposed prod. zone: NWNE / 200 FNL / 2318 FEL / LAT 32.1080685 / LONG -103.303168511. Country or Parish, State
LEA, NM**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Zachary Boyd

Title Operations Superintendent

Signature

Date 02/14/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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 which would entitle the applicant to conduct operations thereon.

Office

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