

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

RECEIVED
B 11 2013
OCD ARTESIA

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM106714
2. Name of Operator SM ENERGY COMPANY		6. If Indian, Allottee or Tribe Name
Contact: VICKIE MARTINEZ E-Mail: VMARTINEZ@SM-ENERGY.COM		7. If Unit or CA/Agreement, Name and/or No. NMNM101361X
3a. Address 3300 N "A" STREET BLDG 7-200 MIDLAND, TX 79705	3b. Phone No. (include area code) Ph: 432-688-1709 Fx: 432-688-1701	8. Well Name and No. ESDU 026
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T18S R31E 300FNL 735FEL		9. API Well No. 30-015-40848
		10. Field and Pool, or Exploratory SHUGART, DELAWARE, EAST
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK 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"/> 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 checked="" type="checkbox"/> Other Drilling Operations
	<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	

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 recomplete 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

12/17/12 SPUD WELL @ 23:00
12/18/12 TD'ED 12 1/4" HOLE; RAN 8 5/8" 24# J-55 CSG; SET @ 983 FT
12/19/12 CMT W/290 SX 50/50 CLASS C POZM (LEAD) 12.5 PPG, 2.09 YIELD, 200 SKS TAIL CLASS C 14.8 PPG, 1.34 YIELD & CIRC 95 SKS CMT TO SURFACE
12/24/12 TESTED BOPE 3000# & ANNULAR TO 1500#. TESTED CASING TO 1500# FOR 30 MINUTES. HELD OK.
12/29/12 TD'ED 8 5/8" HOLE; RAN 5 1/2" 15.50# J-55 CSG; SET @ 5,525 FT
12/30/12 CMT W/600 SXS 50/50 CLASS C POZM (LEAD) 11.8 PPG, 2.45 YIELD & 355 SX CLASS C (TAIL) 14.8 PPG, 1.34 YIELD & CIRC 35 SKS CMT TO SURFACE
12/31/12 RIG RELEASE

? → approved for 7-7/8" hole not 8 5/8" hole
Accepted for record
N.MOCD
J. Dade 2/14/13

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #192475 verified by the BLM Well Information System
For SM ENERGY COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by KURT SIMMONS on 02/06/2013 ()

Name (Printed/Typed) VICKIE MARTINEZ	Title ENGINEER TECH II
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Signature (Electronic Submission)	Date 01/30/2013	ACCEPTED FOR RECORD
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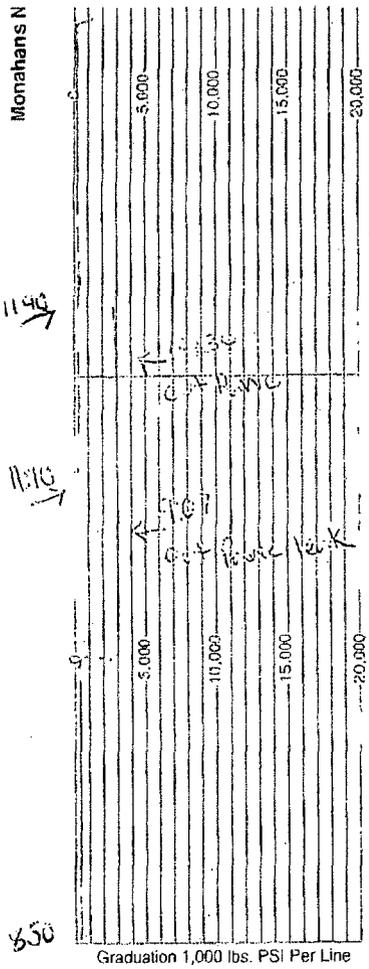
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	FEB 8 2013 Date BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
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

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

gmd

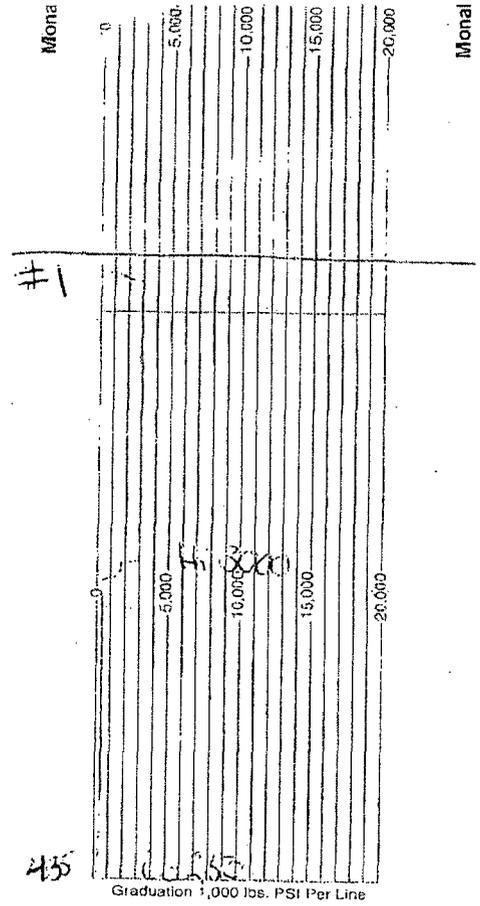


Read Up
For Hydrostatic Testing
Max. 20,000 P.S.I.

B.O.P TESTING
Monahans Nipple-Up Testing Service
Crews - Lift Units - Tendems
Office 943-7643 • Shop 943-3618

Made in U.S.A.

Starting Time 8:00 Chart No. 1
 Service Co. Capsco
 Company Sin Energy
 State N.M. Date 12-25-12
 Lease ES.D. # 20 Well No. _____
 Pipe Size 1 1/2" X 11 Wt. _____
 Well Head Type & Size 11" X 22"
 Type Plug _____
 Operator M. Lewis
 Unit No. 143
 Test B.O.P. CW



Read Up
For Hydrostatic Testing
Max. 20,000 P.S.I.

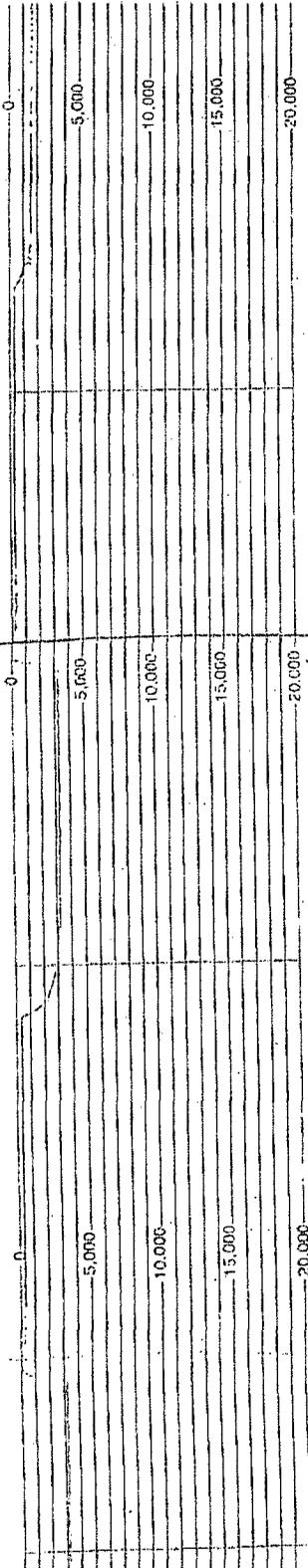
B.O.P TESTING
Monahans Nipple-Up Testing Service
Crews - Lift Units - Tendems
Office 943-7643 • Shop 943-3618

Made in U.S.A.

Starting Time 4:35 Chart No. 1
 Service Co. Capsco
 Company Sin Energy
 State N.M. Date 12-25-12
 Lease ES.D. # 20 Well No. _____
 Pipe Size 1 1/2" X 11 Wt. _____
 Well Head Type & Size 11" X 22"
 Type Plug _____
 Operator M. Lewis
 Unit No. 143
 Test B.O.P. CW

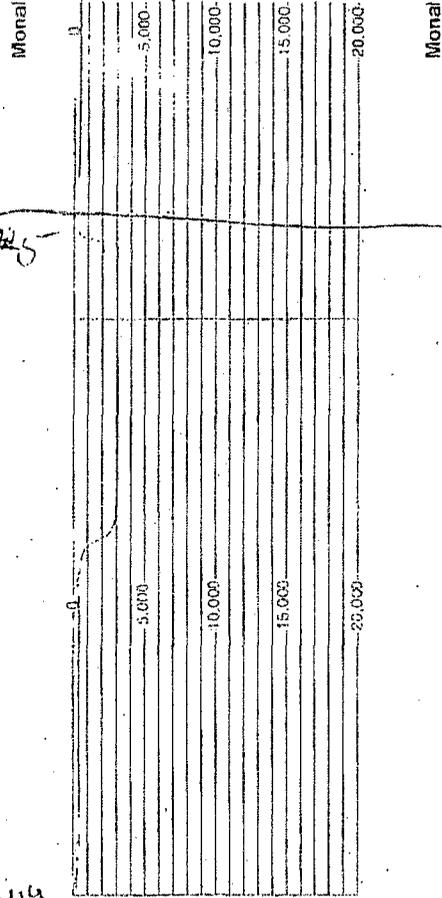
Monahans Nipple-Up Testing Service

34
138
#3



107
#2

Monahans Nipple-Up Testing Service



414

Graduation 1,000 lbs. PSI Per Line

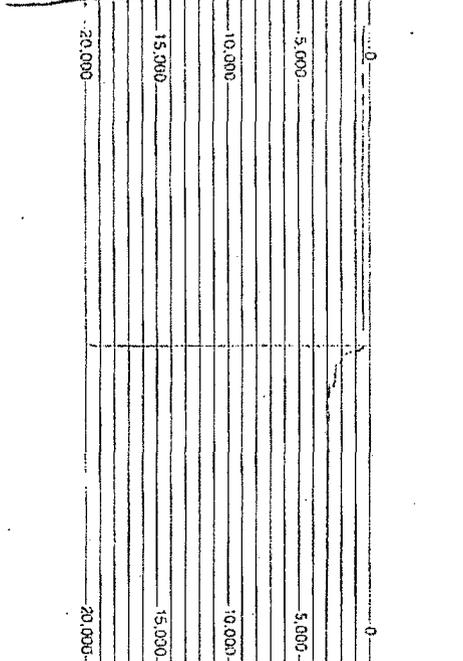
Read Up
For Hydrostatic Testing
Max. 20,000 P.S.I.

B.O.P TESTING
Monahans Nipple-Up Testing Service
Crews - Lift Units - Tandems
Office 943-7643 • Shop 943-3618

Made in U.S.A.

Starting Time 414 Chart No. 2
 Service Co. Se-aste
 Company Monahans
 State N.M. Date 12-23-12
 Lease ESDU #206 Well No. _____
 Pipe Size 3 1/2" X 11" Wt. _____
 Well Hood Type & Size 11" C.C.
 Type Plug _____
 Operator W.L. - low
 Unit No. 143
 Test Wind loss - show values

2#



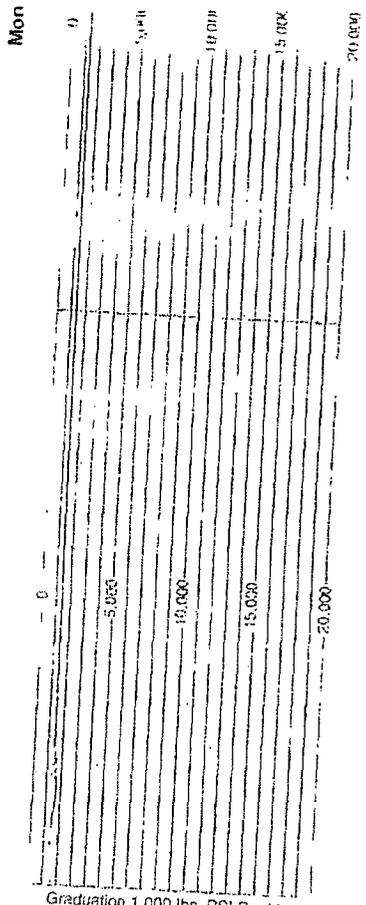
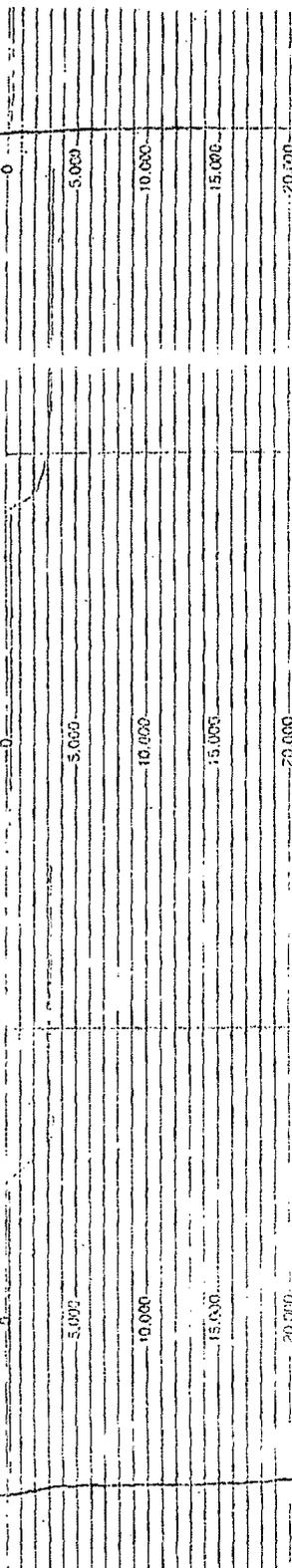
7#

8#

24
138
#3

107
#2

1422
#1



606

Graduation 1,000 lbs. PSI Per Line

Read Up
For Hydrostatic Testing
Max. 20,000 P.S.I.

B.O.P TESTING
Monahans Nipple-Up Testing Service
Crews - Lift Units - Tandems
Office 943-7643 • Shop 943-3618

Made in U.S.A.

Starting Time 6:06 _____

Service Co. Capitol _____

Company Smith _____

State W.Va. _____

License 2500 _____

Well No. _____

Well Head Type & Size 1 1/2" 200' _____

Type Plug _____

Operator 1186 _____

Unit No. 143 _____

Test Casey _____

Chart No. 3 _____

Date 12-18-12 _____

Mon