Form 3160-5 (September 2001)

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

SUNDRY NOTICES AND REPORTS ON WELLSOLD

Do not use this form for proposals to drill or to re-internal

shandaned well. Her Form 2150-2 (APD) for such properties 12

FORM APPROVED
OM B No. 1004-0135
Expires: January 31, 2004

5. Lease Serial No.		
	NM 010193	

6. If Indian, Allottee or Tribe Name

abandoned well. Use Form 3160 - 3	(APU) for such propagation la	
SUBMIT IN TRIPLICATE- Other in	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well	East Shugart Unit	
Other	8. Well Name and No.	
2. Name of Operator K.P. Kauffman Company, Inc.	9. API Well No.	
3a Address 1675 Broadway, Suite 2800, Denver, Colorado 80202	3b. Phone No. (include area code) 303-825-4822	30-015-27945  10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description	on)	Shugart: Yates-7Rs-Queens-Grayburg
P-34-18.0S-31E, 550 FSL, 200 FEL	11. County or Parish, State	
1 54 10,000 512,000 102,200 122		Eddy County, NM
12. CHECK APPROPRIATE BOX(ES)	TO INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Acidize	Deepen Production	(Start/Resume) Water Shut-Off
✓ Notice of Intent	Fracture Treat Reclamation	Well Integrity
Subsequent Report Casing Repair	New Construction Recomplete	Other Change of Operator
Change Plans	Plug and Abandon Temporarily	Abandon
Final Abandonment Notice Convert to Injection	Plug Back Water Dispo	sal
NMOCD W OCT	vere transferred from Agua Sucia LLC to be provided by K.P. Kauffman Company, Incepts all applicable terms, conditions, stipulations and assume the obligations of the Unit CEVED  SEE AT CONDI	K.P. Kauffman Company, Inc. Bond coverage . under its \$25,000.00 statewide bond coverage, ations, and restrictions concering operation
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	-ARTESIA O.C <sub>1</sub> D.	
Richard P. Stults	Title Chief Financial Of	ficer
Digitally algored by Rich States Discor-Rick States, a. on, consul- Date: 2018 05 03 13:53:54 - 46-66*	mainig kapit com. e-US Date 5/3	18 DDM/FX
THIS SPACE FO	R FEDERAL OR STATE OFFIC	
Approved by  Conditions of approval, if any, are attached. Approval of this no certify that the applicant holds legal or equitable title to those rig which would entitle the applicant to conduct operations thereon.  Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make States any false, fictitious or fraudulent statements or representate (Instructions on page 2)	tice does not warrant or hts in the subject lease  office BU	SEP A Date 2018
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## **Change of Operator Conditions of Approval**

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method.
- 3. Submit updated facility diagrams as per Onshore Order #3
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.
- 8. All Reporting to ONRR (OGOR Reports) must be brought current within 30 days of this approval including any past history.
- 9. If this well is incapable of producing in paying quantities submit NOI to plug and abandon this well or obtain approval to do otherwise within 90 days.
- 10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.
- 11. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.

**JAM 091718**