Form 3160-5 (August 2007)

(Instructions on page 2)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No 1004-0137 Expnes July 31, 2010

6 If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS SEP 14 20 | 5 Lease Script No pt use this form for proposals to drill a series of the series Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals in the such proposals of land Management.

| SUBMIT IN TRIPLICATE – Other instructions on page 2 | | | | | 7 If Unit of CA/Agreement, Name and/or No | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------|---|
| 1 Type of Well | TIN TRIFLICATE - Other | | r page 2 | | | | |
| Oil Well Gas W | | | 8 Well Name and No Bridle Com No 1 | | | | |
| 2 Name of Operator . D J Simmons, Inc | | | | 9 API Well No 30-045-32146 | | | |
| 3a Addrcss 1009 Ridgeway Place, Suite 200 Farmington, NM 87401 | 3b Phone No <i>(include area code)</i> (505) 326-3753 | | | 10 Field and Pool or Exploratory Area Basin Fruitland Coal | | | |
| 4 Location of Well (Footage, Sec., T.R., M., or Survey Description) | | | | | 11 Country or Parish, State | | |
| Surface 1115' FNL & 900' FEL, Section 20, T-26-N, R-11-W, NMPM | | | | | San Juan County, N | ew Mexico | |
| 12 CHEC | K THE APPROPRIATE BO | X(ES) TO IND | ICATE NATURE | OF NOTIC | CE, REPORT OR OTHI | ER DATA | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | | |
| Notice of Intent | Acidize Alter Casing | | ıre Treat | | uction (Start/Resume) amation | Water Shut-Off Well Integrity | |
| Subsequent Report | | | Construction and Abandon | | mplete oorarrly Abandon | Other | - |
| Final Abandonment Notice | Convert to Injection | | | | r Disposal | | _ |
| Attach the Bond under which the w following completion of the involve testing has been completed. Final determined that the site is ready for Move in and Rig Up well service use. Kill well as necessary with viscouse. Trip out of hole and lay down rods. Remove wellhead. Secure well with 4 ½" X 2" swage sometimes with a secure well with 4 ½" X 2" swage sometimes. Waste of the with a secure well with a secure well of Mix 30sx lead cement with 2%Cato of Do not displace cement. Waste overnight. Waste overnight. If cement is not at surface, tag and Dig out, cut off, install marker, remother sundries of intent to plug and | red operations If the operation Abandonment Notices must be final inspection.) Intended final inspection of the fluid operation and production tube and ball valve. Cl2, 1/4#/sx cellophane, 3#// with 25# sugar added of top with neat cement as declate location as indicated. | on results in a mode filed only after only a | nultiple completion er all requirements 15 6 ppg followers : : of approval | n or recomp s, including ed by 70sx | letion in a new interval, reclamation, have been cernation, have been cernative with 2%CaCl | RCVD SEP 19 11 OIL CONS. DIV. DIST. 3 | |
| for preparation and scheduling of ac | | , | т теазе арргоч | | | 14-11 | |
| 14 I hereby certify that the foregoing is t | rue and correct Name (Printe | ed/Typed) | | | | | _ |
| Chris S Lopez | | | Title Regulatory Specialist | | | | |
| Signature CAR 5 | S. COP02 | | Date 09/14/20 | 111 | | | |
| | THIS SPACE | FOR FEDE | RAL OR ST | ATE OF | FICE USE | | |
| Original Sign Conditions of approval, if any, are attache that the applicant holds legal or equitable entitle the applicant to conduct operations Title 18 U S C Section 1001 and Title 43 | title to those rights in the subjethereon | ect lease which we | ould Office | nd willfully i | | Date SEP 1 8 2011 | |
| Catalana or froudulant statements Of sons | | | _ | | · · · | • | |

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