

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

MAY 06 2014

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

Lease Serial No.
NMSF-078362

Farmington Field Office
Bureau of Land Management

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 WPX Energy Production, LLC		7. If Unit of CA/Agreement, Name and/or No.
3a. Address PO Box 640 Aztec, NM 87410		8. Well Name and No. Chaco 2306-06L #178H
3b. Phone No. (include area code) 505-333-1808		9. API Well No. 30-039-31200
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 1691' FSL & 572' FWL SEC 6 23N 6W BHL: 1496' FSL & 250' FWL SEC 1 23N 7W		10. Field and Pool or Exploratory Area Lybrook Gallup
		11. Country or Parish, State Rio Arriba 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"/> 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 GAS DELIVERY
	<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 must 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 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.)

The **GL GAS** was delivered on 5/5/4 @ 1545 hrs. The initial flow rate was 339 mcfd.

Project Type: **PERMANENT DELIVERY**

MC #: 31734

Casing Pressure: 496

Tubing Pressure: 169

Line Pressure: 698

Permanently connected to BEELINE

OIL CONS. DIV DIST. 3
MAY 08 2014

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Larry Higgins		Title Regulatory Specialist Sr.
Signature <i>Larry Higgins</i>		Date 5/6/14

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title
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

ACCEPTED FOR RECORD

MAY - 7 2014

FARMINGTON FIELD OFFICE

BY *[Signature]*

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.