

RECEIVED
ELECTRONIC REPORT
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

AUG 21 2014

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.

5. Lease Serial No. I22IND2772
6. If Indian, Allottee or Tribe Name UTE MOUNTAIN UTE
7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.	
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. UMU 73
2. Name of Operator HUNTINGTON ENERGY LLC Contact: CATHY SMITH E-Mail: csmith@huntingtonenergy.com	9. API Well No. 30-045-33302-00-S2
3a. Address 908 NW 71ST ST OKLAHOMA CITY, OK 73116	10. Field and Pool, or Exploratory BASIN
3b. Phone No. (include area code) Ph: 405-840-9876 Fx: 405-840-2011	11. County or Parish, and State SAN JUAN COUNTY, NM
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 23 T32N R14W SWNW Tract E 1410FNL 845FWL 36.976830 N Lat, 108.283880 W Lon	

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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" 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.)

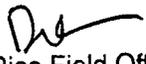
The above referenced well was Temporarily Abandoned & pressure tested on 8/13/14. The pressure chart is attached. The following is the work performed on the well:

8/11/14: MIRU. ND Well and NU BOP. PU CIBP & setting tools. RIH & Set @ 1800'. Circ hole. Test casing w/BOP on well to 500 psi. TOOH. LD setting tool. SDFN.
8/12/14: Tbg & csg 0 psi. TIH, ND BOP & NU Wellhead. Circ hole. Pressure test casing for 30 mins @ 500 psi. Tubing landed at 1783' KB. RD & Release rig.
8/13/14: Pressure test with High Tech. Test to 500 psi. Held pressure for 30 mins. Good test. No state or BLM personnel on location.

RCVD SEP 5 '14
OIL CONS. DIV.
DIST. 3

ACCEPTED FOR RECORD

AUG 25 2014

By: 
Tres Rios Field Office
Bureau of Land Management

14. I hereby certify that the foregoing is true and correct. Electronic Submission #257886 verified by the BLM Well Information System For HUNTINGTON ENERGY LLC, sent to the Durango Committed to AFMSS for processing by BARBARA TELECKY on 08/28/2014 (14BDT0547SE)	
Name (Printed/Typed) CATHY SMITH	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 08/21/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

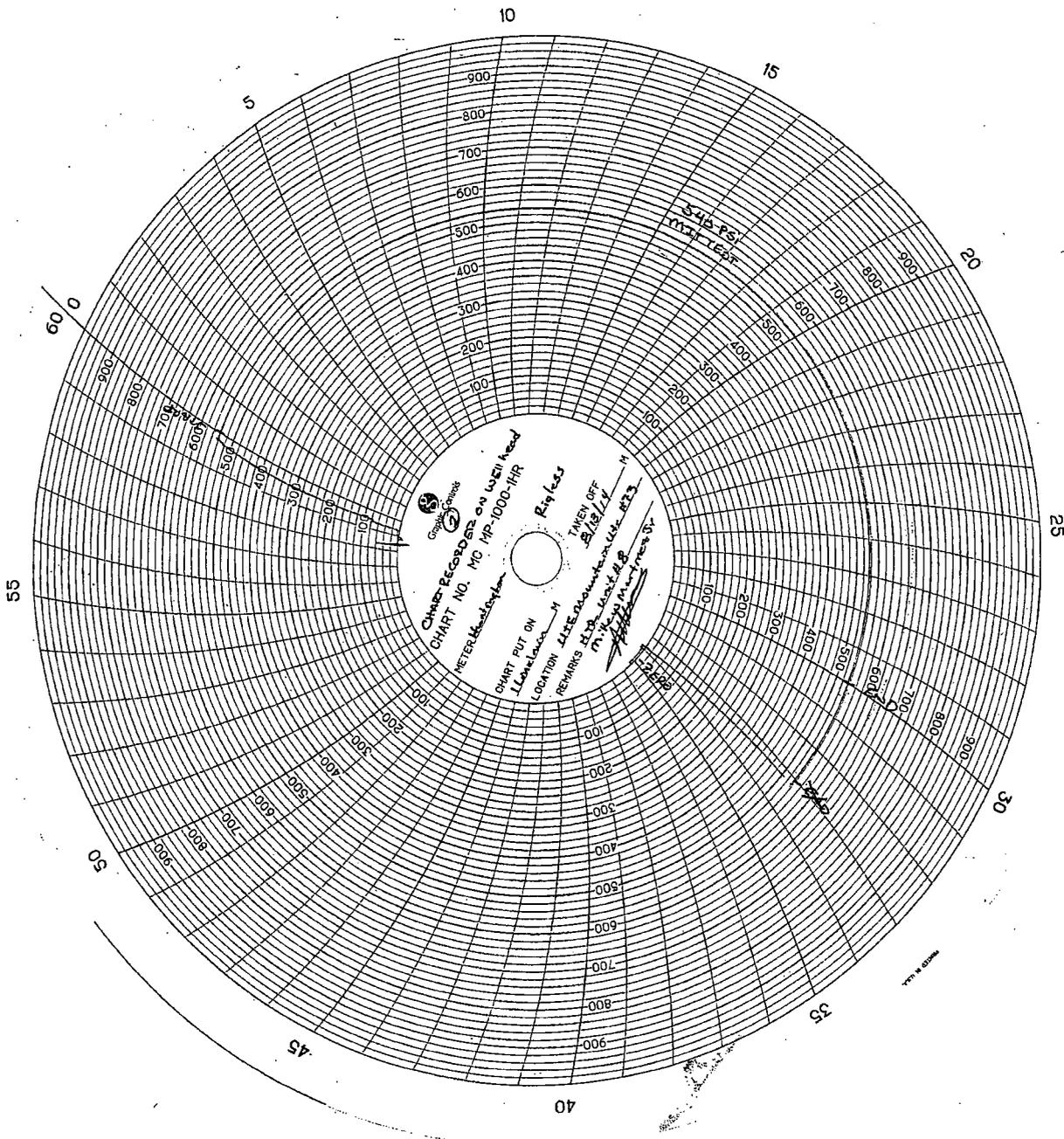
Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

NMOCDV

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NMOCD T/A EXPIRES 8-13-14
 FEDERAL EXPIRATION MAY VARY
 CONTACT BLM FOR FEDERAL
 EXPIRATION DATE