

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NOV 12 2014

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

**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		5. Lease Serial No. NMSF078362
2. Name of Operator WPX Energy Production, LLC		6. If Indian, Allottee or Tribe Name
3a. Address PO Box 640    Aztec, NM 87410	3b. Phone No. (include area code) 505-333-1806	7. If Unit of CA/Agreement, Name and/or No. 132829
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 1120' FNL & 736' FWL SEC 6 T23N R6W BHL: 340' FNL & 230' FWL SEC 1 T23N R7W		8. Well Name and No. NE CHACO COM #176H
		9. API Well No. 30-039-31251
		10. Field and Pool or Exploratory Area Chaco Unit NE HZ (OIL)
		11. Country or Parish, State Rio Arriba, 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 <b>INTERMEDIATE CASING</b>
	<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 recomplate 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.)

**11/4/14** - MIRU AWS #730 - note: 9-5/8" surface previously set @ 414' (TD @ 419') by MoTe on 10/6/14  
PRESS TEST PIPE & BLIND RAMS, CHOKE MANIFOLD VALVES, CHOKE & KILL LINE VALVES, 4" TIW VALVE 250# LOW 5 MIN EACH, 1500# HIGH 10 MIN EACH.  
TESTED GOOD AND RECORDED ON CHART. PULL TEST PLUG & TEST SURFACE CASING AGAINST BLIND RAMS 600 PSI FOR 30 MIN. TESTED GOOD AND RECORDED ON CHART

**11/5/14 to 11/7/14** - DRILL 8-3/4" INTERMEDIATE HOLE

**11/8/14** - TD 8-3/4" INTERMEDIATE @ 6236' (TVD 5686')

**11/9/14** - Run 138 jts 7", 23#, J-55, LT&C csg. Landed @ 6226', FC @ 6178'

**11/10/14** - CMT 7" CSG W/ CHEM FLUSH 2 8.1# {10 BBLs WATER +40 BBLs CHEM SPACER, +10 BBLs WATER} FOLLOWED BY SPACER @ 11.5# {20 BBLs/52 SACKS OF ELASTISEAL SCAVENGER} FOLLOWED BY N2 FOAMED LEAD @ 13# {202.5 BBLs/790 SACKS OF ELASTISEAL SYSTEM} FOLLOWED BY TAIL @ 13.5# {23.3 BBLs/110 SACKS OF HALCEM SYSTEM DISPLACE W/9.3 #DRILL MUD 242.5/BBLs. BUMP TO 1300 PSI AND HOLD. FLOATS HELD-1 BBL BACK ON BLEED OFF: PLUG DOWN 18:30 HRS 25 BBLs CMT RETURNED BACK TO SURFACE.

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

Name (Printed/Typed)

Mark Heil

Title Regulatory Specialist

Signature

Date 11/11/2014

**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

ACCEPTED FOR RECORD

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.

(Instructions on page 2)

NOV 17 2014

OIL CONS. DIV DIST. :

NOV 18 2014