

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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JAN 14 2016

FORM APPROVED
OMB NO. 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS **Farmington Field Office**

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. Jicarilla Apache 413
 6. If Indian, Allottee or Tribe Name
Jicarilla Apache
 7. If Unit or CA/Agreement, Name and/or No.
 8. Well Name and No.
Chacon Jicarilla D 13
 9. API Well No.
30-043-20422
 10. Field and Pool, or Exploratory Area
West Lindrith Gallup Dakota
 11. County or Parish, State
Sandoval NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other
 2. Name of Operator
Energen Resources Corporation
 3a. Address
2010 Afton Place, Farmington, NM 87401
 3b. Phone No. (include area code)
(505) 325-6800
 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
790' FSL 790' FWL Sec. 23 T23N R03W (M) SW/SW

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 checked="" 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 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 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 final site is ready for final inspection.)

The Chacon Jicarilla D #13 was shut in on 5/28/15 due to drilling activity of an adjacent well. The subject well was re-delivered on 1/5/16 @ 8:57 AM.

Meter #: 90734, meter calibrated on or about 12/01/2015.
 Initial mcf: 393
 Water: 0
 Oil: 0
 Casing Pressere: 342
 Tubing Pressure: 255
 Transporter: Enterprise

OIL CONS. DIV DIST. 3

JAN 21 2016

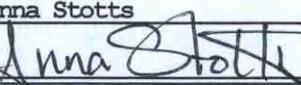
14. I hereby certify that the foregoing is true and correct
 Name (Printed/Typed)

Anna Stotts

Title Regulatory Analyst

ACCEPTED FOR RECORD

Signature



Date 01/08/16

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

JAN 19 2016

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

FARMINGTON FIELD OFFICE
BY 

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes 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.

NMOCD

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