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Form 3160-5  
(June 2015)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: January 31, 2018

Farmington Field Office  
Bureau of Land Management

5. Office Serial No. NMNM18463

**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.*

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** - Other instructions on page 2

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

Oil Well     Gas Well     Other

8. Well Name and No. HEROS 2308 09L COM 1H

2. Name of Operator LOGOS Operating, LLC

9. API Well No. 30-045-35688

3a. Address 2010 Afton Place  
Farmington, NM 87401

3b. Phone No. (include area code)  
(505) 324-4145

10. Field and Pool or Exploratory Area  
Nageezi Gallup

4. Location of Well (Footage, Sec., T..R..M., or Survey Description)  
1476 FSL & 210 FWL, NW/SW, L Sec 9 T23N R08W

11. Country or Parish, State  
San Juan 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"/> Hydraulic Fracturing	<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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>Plat Correction</b>
	<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 perfnored 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 detennined that the site is ready for final inspection.)

Please note the correction to the Dedicated Acres description on the attached C-102 plat.

OIL CONS. DIV DIST. 3  
JAN 05 2017

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

Tamra Sessions

Regulatory Specialist

Title

Signature

*Tamra Sessions*

Date

12/30/2016

**THE SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

*AG Elmadani*

Title

*FE*

Date

*1/4/17*

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

*FFO*

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)

NMOCDFV

DISTRICT I  
1825 N. French Dr., Hobbs, N.M. 88240  
Phone: (575) 393-6181 Fax: (575) 393-0720

DISTRICT II  
811 S. First St., Artesia, N.M. 88210  
Phone: (575) 748-1288 Fax: (575) 748-9720

DISTRICT III  
1000 Rio Brancos Rd., Aztec, N.M. 87410  
Phone: (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-045-35688	<sup>2</sup> Pool Code 47540	<sup>3</sup> Pool Name NAGEZI GALLUP
<sup>4</sup> Property Code 317282	<sup>5</sup> Property Name HEROS 2308 09L COM	<sup>6</sup> Well Number #1H
<sup>7</sup> GRID No. 289408	<sup>8</sup> Operator Name LOGOS OPERATING, LLC	<sup>9</sup> Elevation 6916

<sup>10</sup> Surface Location

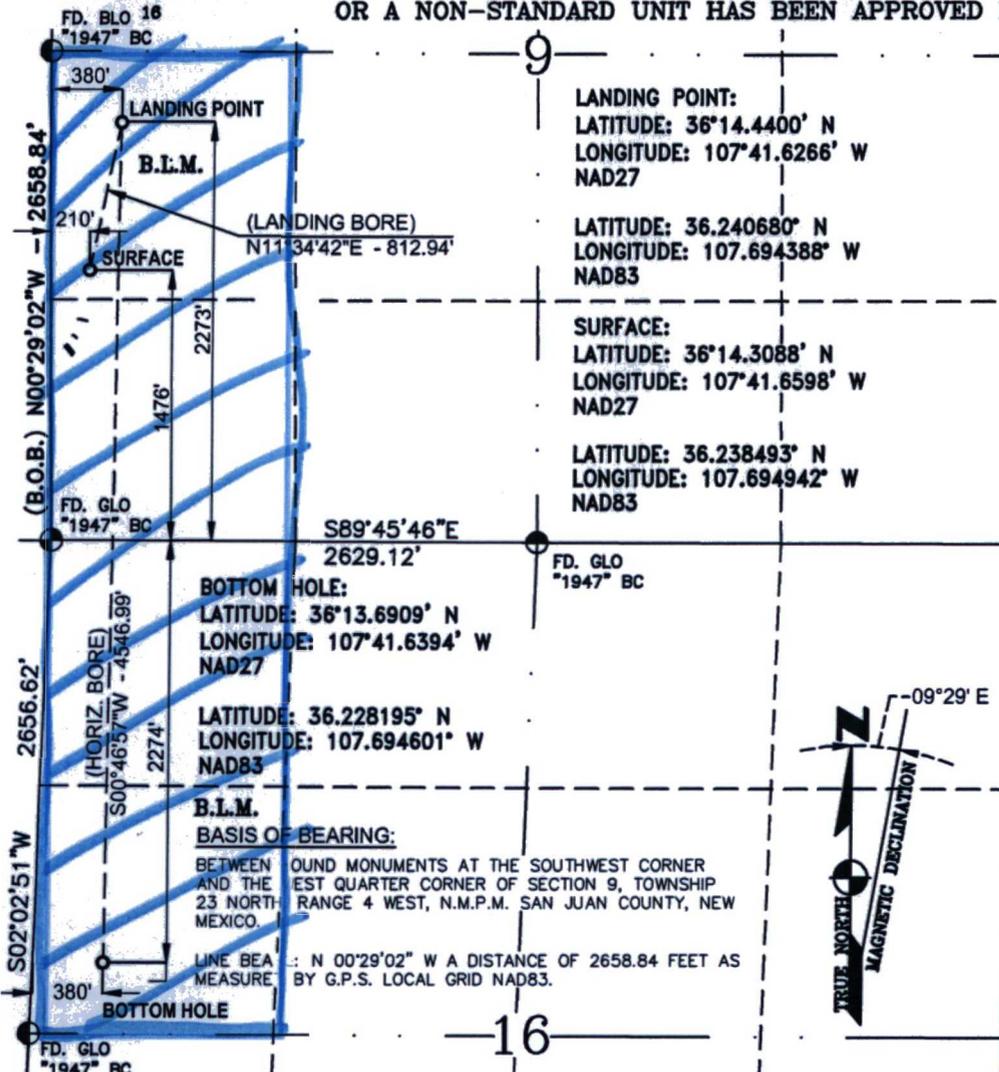
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	9	23-N	8-W		1476	SOUTH	210	WEST	SAN JUAN

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	16	23-N	8-W		2274	NORTH	380	WEST	SAN JUAN

<sup>12</sup> Dedicated Acres 160 Acres Sec 9 W2SW, Sec 16 W2NW	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or a working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Tam Sessions* 12/30/16  
Signature Date  
Tamra Sessions  
Printed Name  
tsessions@logosresourcesllc.com  
E-mail Address

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

DECEMBER 4, 2016  
Date of Survey  
Signature and Seal of GLEN W. RUSSELL  
GLEN W. RUSSELL  
15703  
Certificate Number 15703

