

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS. DIV DIST. 3

SEP 21 2017

RECEIVED

SEP 15 2017

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Farmington Field Office
Bureau of Land Management

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.

1. Type of Well:

Gas

2. Name of Operator:

HILCORP ENERGY COMPANY

3. Address and Phone No. of Operator:

P.O. Box 4700 Farmington, NM 87499
505-599-3400

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 1660' FSL & 1610' FWL
S: 17 T: 026N R: 008W U: K

5. Lease Number:

SF-078433

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

NEWSOM 16

9. API Well No.

3004511850

10. Field and Pool:

DK - BASIN::DAKOTA

11. County and State:

SAN JUAN, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

- | | | |
|---|--|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Recompletion | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Water Shut Off |
| | <input checked="" type="checkbox"/> Other- Re-Delivery | <input type="checkbox"/> Conversion to Injection |

13. Describe Proposed or Completed Operations

This well was re-delivered on 9/8/2017 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT IN FOR MORE THAN 90 DAYS FOR SURFACE EQUIPMENT REPAIRS. RETURNED TO PRODUCTION 9/8/2017

ACCEPTED FOR RECORD

SEP 18 2017

FARMINGTON FIELD OFFICE
BY: *William Tambakou*

TP: 68 CP: 295 Initial MCF: 13

Meter No.: 75552

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed *Christine Brock* Title: Operations/Regulatory Tech - Sr. Date: 9/12/2017
Christine Brock

(This Space for Federal or State Office Use)

APPROVED BY: _____ Title: _____ Date: _____

CONDITION OF APPROVAL, if any: _____

Title 18 U.S.C. Section 1001, 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.

NMOCD