

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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 301789 NMNM011639

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 GREVEY 1

2. Name of Operator McElvain Energy Inc.

9. API Well No 30-039-22700

3a. Address 1050 17th St. Suite 2500  
Denver CO 80265

3b. Phone No (include area code)  
(303) 893-0933

10. Field and Pool or Exploratory Area  
BALLARD PICTURED CLIFFS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
G-19-26N-07W 1830 FNL 1840 FEL

11. Country or Parish, State  
RIO ARRIBA

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	
	<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 recomplate 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.)

**CHANGE OF OPERATOR:**

McElvain Energy Inc. has sold the subject well to RIM Operating Inc. RIM Operating Inc. purchased the subject well with an effective date of the transaction being 4/1/2017.

RIM Operating Inc. with assume daily operations of the well on 9/1/2017. OCT 04 2017

Bond Number: 56K 39271 NMB001522

RECEIVED

SEP 11 2017

OIL CONS. DIV. DIST. 3

NOV 03 2017

Farmington Field Office  
Bureau of Land Management

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

REGULATORY COMPLIANCE MANAGER  
Title

Signature

*T. Cooper*

Date

08/31/2017

**THE 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

OCT 26 2017

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.