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Form 3160-5
(June 2015)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

JUL 20 2018

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.

Farmington Field Office
Bureau of Land Management

5. Lease Serial No. NMNM18463

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.
NMNM 138586

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No. Heros 2308 09L Com 5H

2. Name of Operator LOGOS Operating, LLC

9. API Well No. 30-045-35877

3a. Address 2010 Afton Place
Farmington, NM 87401

3b. Phone No. (include area code)
(505) 787-2218

10. Field and Pool or Exploratory Area
Nageezi Gallup

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1476 FSL & 300 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 checked="" 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 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	Name Change	
	<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 recomplete 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.)

LOGOS request a name change from Heros 2308 09L 5H to Heros 2308 09L Com 5H per Communitization Agreement (CA) (NMNM 138586), approved on 7/20/2018. Attached is the C102 Plat.

NMOCD
JUL 27 2018
DISTRICT III

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

Regulatory Specialist
Title

Signature

Date

07/20/2018

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Dave Mankiewicz

Title

AFM-min.

Date

7/26/18

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)

ACCEPTED FOR RECORD

NMOCD AV

DISTRICT I
1825 N. French Dr., Hobbs, N.M. 88240
Phone: (575) 393-8161 Fax: (575) 393-0720

DISTRICT II
811 S. First St., Artesia, N.M. 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
1000 Rio Brazos Rd., Aztec, N.M. 87410
Phone: (505) 334-8178 Fax: (505) 334-6170

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
As-Drilled Plat

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-045-35877		² Pool Code 47540		³ Pool Name NAGEEZI GALLUP	
⁴ Property Code 317282		⁵ Property Name HEROS 2308 09L COM			⁶ Well Number #5H
⁷ OGRID No. 289408		⁸ Operator Name LOGOS OPERATING, LLC			⁹ Elevation 6913

¹⁰ Surface Location

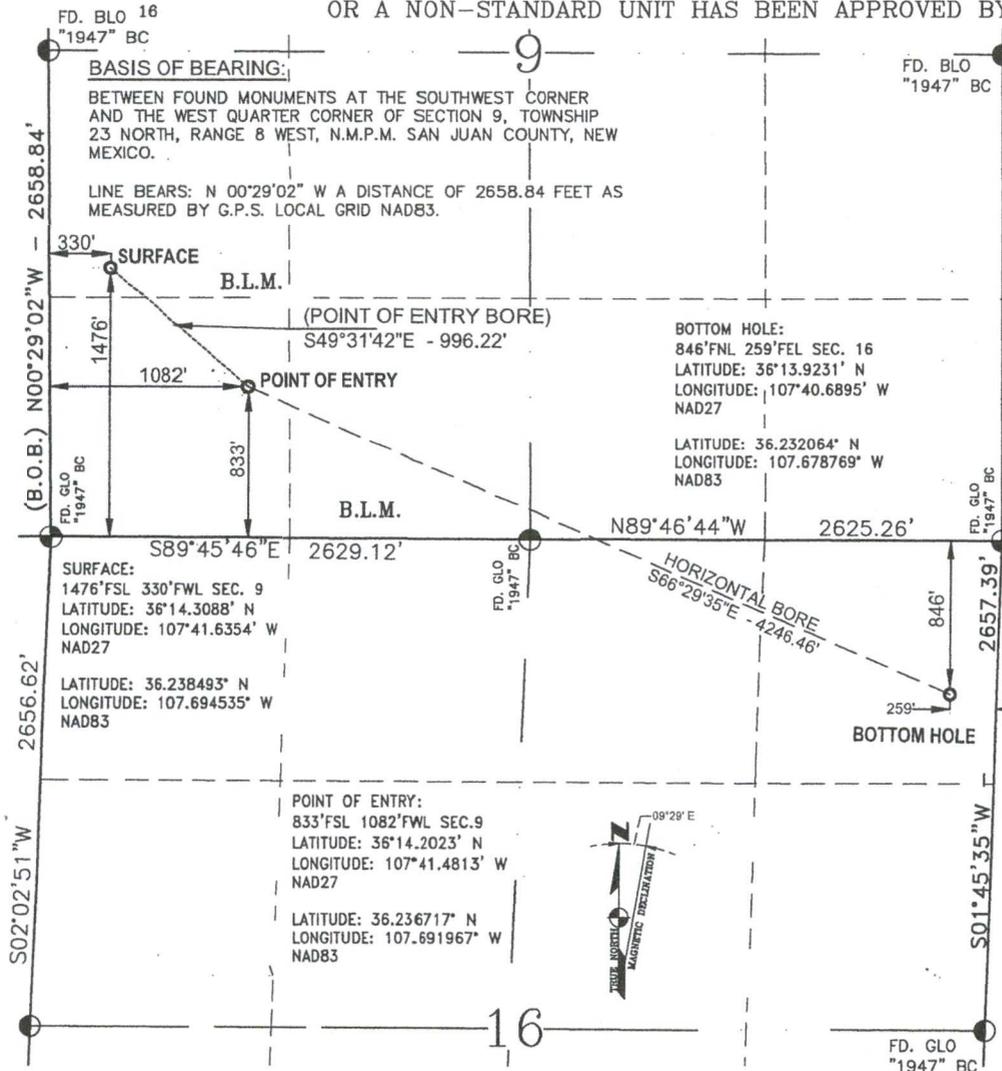
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	9	23-N	8-W		1476	SOUTH	330	WEST	SAN JUAN

¹¹ 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
A	16	23-N	8-W		846	NORTH	259	EAST	SAN JUAN

¹² Dedicated Acres Sec. 9 S/2; Sec. 16 N/2 640 acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No. R-14783
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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.

Signature: Marie E. Florez Date: 7/19/2018
Printed Name: Marie E. Florez
E-mail Address: mflorez@logosresourcesllc.com

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.

Date of Survey: JULY 3, 2018
Signature and Seal of Professional Surveyor: GLEN W. RUSSELL

GLEN W. RUSSELL
Certificate Number: 15703

