

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEP 13 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.

5. Lease Serial No.
NO-G-1312-1823

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.
S Escavada Unit

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
S Escavada Unit #353H

2. Name of Operator
Enduring Resources IV, LLC

9. API Well No.
30-043-21320

3a. Address
332 Cr 3100 Aztec, NM 87410

3b. Phone No. (include area code)
505-636-9743

10. Field and Pool or Exploratory Area
Rusty Gallup Oil Pool

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SHL: 1719' FNL & 2352' FWL SEC 26 22N 7W
BHL: 2325' FSL & 1815' FEL SEC 22 22N 7W

11. Country or Parish, State
Sandoval, 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 ShutOff
<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 FINAL CASING
	<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	

BP

NMOCD

OCT 11 2018

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 recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond number 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 recompleation 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.)

9/5/18- Test BOPS, Annular: 250 Low, 3,500 High, Blinds, Pipes, Choke Manifold, Floor Valves: 250 Low, 5,000 High. **All Tests held for 10 Minutes.**
Tested 9-5/8" casing to 1500 psi for 30 min and performed accumulator test. **All Tests passed.**

9/6/18 thru 9/7/18- Drilling 8-1/2" hole.

9/8/18- TD 8-1/2" @ 11051'

9/9/18- Run 5-1/2" Production Casing, 242 Jts of 5-1/2", 17# P-110, LT&C, **csng set @ 11004'**, frac initiation sleeve (PBDT) @ 10875'.

Tested Mandrel- good

NU BOP, & Tested BOP good. Cemented Production casing with Halliburton. Pumped 10 bbls freshwater spacer Pumped 60 bbls tuned spacer @ 11.4 ppg. Pumped **207.5 bbls (610 sks) of lead cement** at 12.4 ppg, 1.91 ft3/sk, 9.99 gal/sk H2O. Pumped **322.1 bbls (1330 sks) of tail cement** at 13.3 ppg, 1.36 ft3/sk, 6 gal/sk H2O. Dropped top plugs. Displaced with 254 bbls freshwater (First 40 bbls with 1 jug MMCR per tub). (255.5 actual displacement at 2000 psi/7 BPM & pressured up to 2600 psi.) Maintained returns throughout cement job. **Circulated 40 bbls of good cement to surface.** Floats held, bled back .5 bbls, Top of Tail 3188

Will report 5-1/2" test on completion paper work

9/10/18- Rig released ✓

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

Lacey Granillo

Title: **Permitting Specialist**

Signature

Date: 9/13/18

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

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.

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