Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM AF	1004-0137	egn:	100 mg
OMB No.	1004-0137	e with	C1:

Expires: January 31, 2018,

5. Lease Number:

SUNDRY NOTICES AND REPORTS ON WELLS			NMSF079114A  6. If Indian, allottee or Tribe Namenington Field Office Navajo Trust Land  Bureau of Land Management						
								Do not use this form for proposals to drill or re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.	
SUBMIT IN TRIPLICA	ATE - Other ins	tructions on	page 2		7. Uı	nit Agreement Name:			
1. Type of Well:									
Oil Well X Gas Well Other			8. Well Name and Number:						
			CAMPBELL 26 2						
2. Name of Operator:			9. API Well No.						
Hilcorp Energy Company				3004530532					
3a. Address 3b. Phone No. (include area code)			rea code)	10. Field and Pool:					
382 Road 3100 Aztec, NM 874	37410 505-599-3400			FRC - KUTZ W::FRUITLAND COAL					
4 Location of Well (Footage, Sec. T	F R M or Surv	ev Description	n)	-					
4. Location of Well (Footage, Sec.,T.,R.,M., or Survey Description)  990' FNL & 990' FEL Sec:26, T:027N, R:012W, Mer NMP NENE			IENE	11. County and State:					
					SAN JUAN, NM				
	CK APPROPRI	ATE BOX(ES	) TO INDICAT		E OF NOTICE, REPORT, OTHER DATA				
TYPE OF SUBMISSION				TYI	PE O	FACTION			
Notice of Intent	Acidize		Deepen			Production (Start/Resume	)	Water S	Shut-Off
	Alter Casin	g	Hydraulic Fracturing			Reclamation		Well Int	tegrity
X Subsequent Report	Casing Re	pair	New Cons	truction		Recomplete	X	Other	
Final Abandanasat Nation	Change Plans Convert to Injection		Plug and Abandon Plug Back			Temporarily Abandon			uction
Final Abandonment Notice						Water Disposal			Verification
13. Describe Proposed or Completed Of If the proposal is to deepen direction Attach the Bond under which the work completion of the involved operation been completed. Final Abandonmen the site is ready for final inspection.) A production verification was p	nally or recomplete ork will be performed as. If the operation at Notices must be	e horizontally, gi ed or provide the results in a mul filed only after	ve subsurface lo e Bond No. on fil tiple completion all requirements	ocations and make with BLM/Bl or recompletion, including rec	neasur IA. Re on in a	red and true vertical depths of all equired subsequent reports must a new interval, a Form 3160-4 m ion, have been completed and th	pertinent be filed v ust be file	it markers a within 30 da ed once tes	and zones. ays following ting has
TP: 1 CP: 6	4 I	nitial MCF:	0		HMOCD				
Meter No.: 85-753-01	Gas Co	o.: ENT							
				proceuro		DEC	21	2018	***
Production Verification - compression needed for well to produce over line pressure.  Proj Type.: Production Verification				DISTE	ICT	111			
14. I Hereby certify that the fo	oregoing is tru	e and correct	i.						
Signed Limitur Christine Brock	e Buck	т	itle: Operation	ons/Regulat	ory T	<u>Pech - Sr.</u> Date: 9/2	7/2018		_
THIS SPACE FOR FEDERAL OR STATE OFFICE USE									
APPROVED BY  Conditions of approval, if any, are attached				Title	4F		Material Control of State Control of Control	Date	12/18/1
certify that the applicant holds legal or equi which would entitle the applicant to conduc			ect lease	Office	F	0			

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 with its jurisdiction.