

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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.
NM-23020

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Primero Operating, Inc.

3a. Address
PO Box 1433, Roswell, NM 88202-1433

3b. Phone No. (include area code)
575 626-7660

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
990 FNL, 2228' FWL, Section 33, T9S, R38E

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.
State Line Federal #1

9. API Well No.
30-025-41475

10. Field and Pool or Exploratory Area
Sawyer, SA

11. County or Parish, State
Lea 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"/> Fracture Treat	<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 <u>Change of BOP</u>
	<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 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.)

Due to the height of the substructure on UDI Rig 29, the BOP stack proposed on the permit will not fit as stated.

We proposed to install a 10" 5,000 psi Shaffer BOP topped with a Rental Rotating Head. See Attached modified BOP diagram.

we will test the BOP to 2,000 using an independent tester.

*Original COA still Applies
Required BOP/BOPE 2M*



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

Signature *[Signature]* Date 07/26/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____

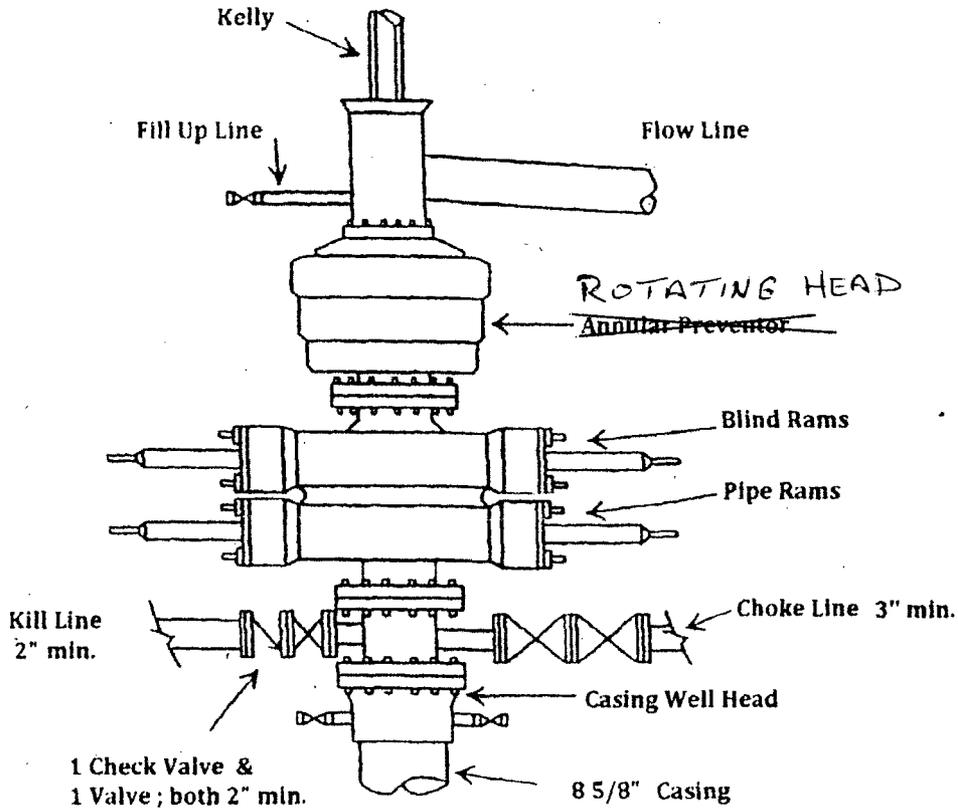
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office _____

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.

AUG 05 2014

hm

10" 3,000 BOP installed on the 8 5/8" Surface Casing.



Anticipated 3,000 psi Choke Manifold System

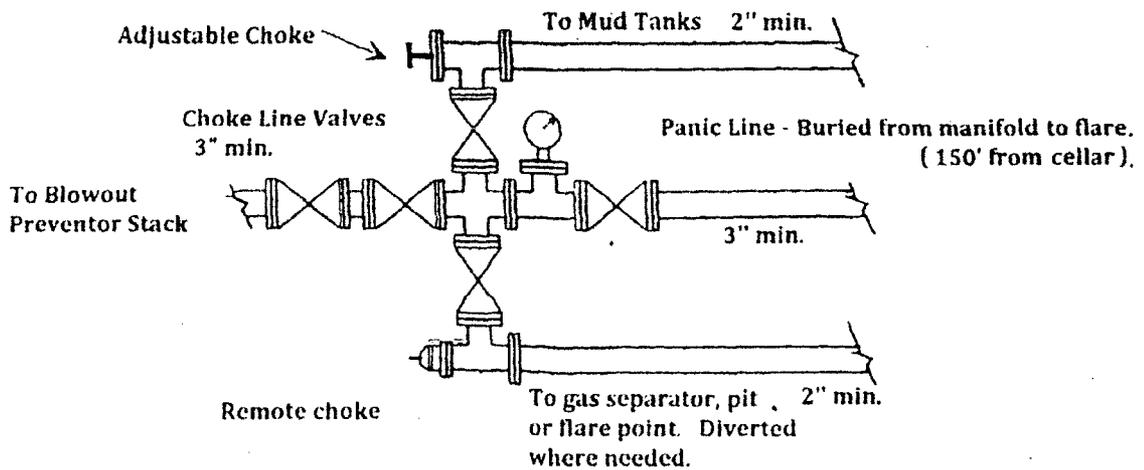


Exhibit 1.0 (10" BOP) &
Exhibit 2.0 3M Choke:

5,000 psi ~~3,000~~ psi BOPE &
3M Choke Manifold System
Primero Operating
State Line Federal # 1
Sec 33 T9S R3BE, Lea Co.