

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.
NMLC064050A

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
EAGLE 34 C FEDERAL 5

2. Name of Operator

LIME ROCK RESOURCES II-A, L.P. E-Mail: mbarrett@limerockresources.com

Contact: MIKE BARRETT

9. API Well No.
30-015-29096

3a. Address

1111 BAGBY STREET SUITE 4600
HOUSTON, TX 77002

3b. Phone No. (include area code)

Ph: 575-623-8424
Fx: 575-623-881010. Field and Pool, or Exploratory
RED LAKE;QUEEN-GRAYBURGSA

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 34 T17S R27E 330FNL 1650FWL
32.797081 N Lat, 104.269568 W Lon

11. County or Parish, and State

EDDY COUNTY, NM

12. CHECK 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Requesting to flare gas due to DCP Artesia Plant keeping the Acid Gas Compressor under maximum operating volume. Flaring will be intermitting.

Estimated Volume - 230 MCFPD

Estimated Time - 90 Days

Please see attached well list for wells in battery.

RECEIVED

JUL 05 2013

NMOCD ARTESIA**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**Accepted for record
NMOCD**SUBJECT TO LIKE
APPROVAL BY STATE**

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #207510 verified by the BLM Well Information System
For LIME ROCK RESOURCES II-A, L.P., sent to the Carlsbad
Committed to AFMSS for processing by KURT SIMMONS on 05/20/2013 ()**

Name (Printed/Typed) TRISH MEALAND

Title PRODUCTION ANALYST

Signature (Electronic Submission)

Date 05/15/2013

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

JUL - 2 2013

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.

**BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE****** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****



Eagle 34 Btty NMLC064050A

Eagle 34 C Federal #5 ✓	30-015-29096
Eagle 34 C Federal #47 ✓	30-015-33275
Eagle 34 C Federal #51 ✓	30-015-33272
Eagle 34 F Federal #11 ✓	30-015-29084
Eagle 34 F Federal #12 ✓	30-015-29635
Eagle 34 F Federal #40 ✓	30-015-33236
Eagle 34 F Federal #57 ✓	30-015-33535
Eagle 34 Federal #30 ✓	30-015-31735
Eagle 34 I Federal #17 ✓	30-015-29091
Eagle 34 I Federal #18 ✓	30-015-29655
Eagle 34 I Federal #32 ✓	30-015-31747
Eagle 35 L Federal #1 ✓	30-015-29090
Eagle 35 L Federal #2 ✓	30-015-29633
Eagle 35L Federal #3 ✓	30-015-31761
Eagle 35 L Federal #4 ✓	30-015-32836

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

7/2/2013

Condition of Approval to Flare Gas

1. Report all volumes on OGOR reports.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. **Flared volumes will still require payment of royalties**
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days for date of approval.
9. Submit Subsequent Report with actual volumes of gas flared for each month gas is flared.
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

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