

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.
NMNM99028

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.7. If Unit or CA/Agreement, Name and/or No.
NMNM1013791. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.
DUKE ARP FED 12. Name of Operator
LRE OPERATING LLCContact: MIKE BARRETT
E-Mail: mbarrett@limerockresources.com9. API Well No.
30-015-30476-00-S13a. Address
1111 BAGBY SUITE 4600
HOUSTON, TX 770023b. Phone No. (include area code)
Ph: 575-623-8424
Fx: 575-623-881010. Field and Pool, or Exploratory
EMPIRE4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 14 T17S R27E NWSW 1980FSL 990FWL11. 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 | |
| | <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 recompleat 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 recompleat 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.)

LRE Operating, LLC would like to request a 90 day extension to the deadline for completion of this work.
We are unable to justify the cost of recompleat under current industry conditions.

Please see attached "Approved Recompleat Sundry" that was submitted on 9-9-14 and approved on 10-1-14.

NM OIL CONSERVATION
ARTESIA DISTRICT

JAN 20 2015

RECEIVED

Accepted for record
NMOCDA/10/15

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

Electronic Submission #287673 verified by the BLM Well Information System

For LRE OPERATING LLC, sent to the Carlsbad

Committed to AFMSS for processing by JENNIFER MASON on 01/14/2015 (15JAM0185SE)

Name (Printed/Typed) TRISH MEALAND

Title PRODUCTION ANALYST

Signature (Electronic Submission)

Date 01/12/2015

APPROVED

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

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
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5. Lease Serial No:
NMNM99028

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

LRE Operating, LLC

3a. Address

1111 Bayby Street, Suite 4800
Houston, TX 77002

3b. Phone No. (include area code)

575-623-8424

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

1980 FSL 990 FWL Unit L Sec 14 T17S R27E

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

8. Well Name and No.
Duke ARP Federal Corn 1

9. API Well No.
30-015-30478

10. Field and Pool or Exploratory Area
Empire Wolfcamp

11. Country or Parish, State
Eddy County, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

☐ Acidize

☐ Alter Casing

☐ Casing Repair

☐ Change Plans

☐ Convert to Injection

☐ Deepen

☐ Fracture Treat

☐ New Construction

☐ Plug and Abandon

☐ Plug Back

☐ Production (Start/Resume)

☐ Reclamation

☒ Recomplete

☐ Temporarily Abandon

☐ Water Disposal

☐ Water Shut-Off

☐ Well Integrity

☐ Other

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.)

Recompletion to Yeso Procedure:

1. Pull rods, pump, and tubing.
2. Set CIBP at +/- 6,185' (20' above top Wolfcamp perforation).
3. Spot a 100' balanced plug of cement on top of CIBP at 6,165'. RIH and tag cement plug on top of CIBP to verify cement plug.
4. Perforate squeeze holes from 5,170' to 5,172'.
5. Cement 4-1/2", 11.6#, N-80 from 5,172' to 100' inside the 8-5/8" casing at 1,605' with +/- 816 ex C + .3% PF13 + .2% PF65 + .3% PF606 + 0.125pps PF29 + .4 pps PF45, 14.8# Yield 1.34, H2O 6.301 gal/sk. WOC. Run temp survey to verify new cement top.
6. Spot mud laden fluid mixed in proportion of 25sx of gel per 100 bbls of water from top of cement plug above Wolfcamp to 5,070'.
7. Set CIBP at 5,070' (6' above top of Abo formation).
8. Spot a 100' balanced plug of cement on top of CIBP at 5,070'.
9. Tag cement plug on top of CIBP to verify cement plug.
10. Perforate Yeso 4,680'-4,800' (20 holes).
11. Treat perforations w/ 1500 gal of 15% NEFE acid and frac w/30,000# 100 mesh & 210,250#s of 40/70 white sand in slickwater.
12. Set composite BP at +/-4,640' and perforate Yeso 4,305'-4,602' (29 holes).
13. Treat perforations w/ 1500 gal of 15% NEFE acid and frac w/30,000# 100 mesh & 274,500#s of 40/70 white sand in slickwater.
14. Set composite BP at +/-4,280' and perforate Yeso 3,939'-4,262' (27 holes).
15. Treat perforations w/ 1500 gal of 15% NEFE acid and frac w/30,000# 100 mesh & 282,100#s of 40/70 white sand in slickwater.
16. Drill out composite BP's and clean out to PBTD at +/- 4,070'. Run 2 3/8" production tbg and put well to production from Yeso.

**SUBJECT TO LIKE
APPROVAL BY STATE**

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

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

Name (Printed/Typed)

Michael Barrett

Title Production Supervisor

Signature

Date 09/09/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Office

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(Instructions on page 2)

APPROVED

OCT 1 2014

BUREAU OF LAND MANAGEMENT

CARLSON FIELD OFFICE