

	UNITED STATES DEPARTMENT OF THE INTERIOR			FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018	
BUREAU OF LAND MANAGEMENT			5. Lease Serial No. N	5. Lease Serial No. NMNM 36195	
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.			6. If Indian, Allottee c	6. If Indian, Allottee or Tribe Name	
	IN TRIPLICATE - Other instr	7. If Unit of CA/Agre	ement, Name and/or No.		
1. Type of Well Oil Well Gas Well Other			8. Well Name and No	8. Well Name and No. Remmele Federal #012	
2. Name of Operator Scythian, Ltd.			9. API Well No. 30-0	9. API Well No. 30-005-62319	
SUO N. Mariemeiu, Suite 550		3b. Phone No. <i>(include area code)</i> (432) 685-3602	10. Field and Pool or	10. Field and Pool or Exploratory Area Pecos Slope; Abo (Gas)	
4. Location of Well (Footage, Sec., D-27-06S-22E	T., R., M., or Survey Description)		11. Country or Parish, State Chaves County, NM	
12.0	CHECK THE APPROPRIATE E	OX(ES) TO INDICATE NATURE	OF NOTICE, REPORT OR OTI	HER DATA	
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION				
Notice of Intent	Acidize	Deepen Hydraulic Fracturing	Production (Start/Resume)	Water Shut-Off	
Subsequent Report	Casing Repair	New Construction Plug and Abandon	Recomplete Temporarily Abandon	Other	
Final Abandonment Notice	Convert to Injection		Water Disposal		
Due to an unacceptable levu understanding that Transw		s from this specific well, it has be ptable level" of nitrogen in the ga			
The protracted status of the removal plant.	s specific well is due to the fa	ilures of Agave Energy Compan	y in the design, the constructi	on, and operation of their nitrogen	
It is our intent to return this	specific well to production in		ad to abut in wall far 20	dava	
ARTESIA DISTRICT		Submit Submit	Approved to shut in well for 30 days. Submit 5th day production startup via sundry notice. If production does not resume within 30 days submit sundry with reasoning and new time frame.		
DEC 19 2016			sundry with reasoning a	nd new une tranie.	
14. I hereby certify that the foregoing is the and correct Name (Printed/Typed) Thomas A. Clifton		rinted/Typed) V.P. Title			
Signature TIM	MA Liitan	Date	12/08/2	016	
	THE SPAC	E FOR FEDERAL OR ST	ATE OFICE USE		
Approved by		Title	DEC 1	5 me	
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to	l or equitable title to those rights				
Title 18 U.S.C Section 1001 and Ti any false, fictitious or fraudulent st			y and willfully to make to any d	epartment or agency of the United States	

(Instructions on page 2)