

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.  
NMSF078139

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		8. Well Name and No. EE ELLIOT SWD SWD 1
2. Name of Operator HILCORP ENERGY COMPANY		9. API Well No. 30-045-27799-00-S1
Contact: AMANDA WALKER E-Mail: mwalker@hilcorp.com		
3a. Address 1111 TRAVIS STREET HOUSTON, TX 77002	3b. Phone No. (include area code) Ph: 505-324-5122	10. Field and Pool or Exploratory Area UNNAMED
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  Sec 26 T30N R9W NWNW 1270FNL 0580FWL 36.786040 N Lat, 107.763810 W Lon		11. County or Parish, State  SAN JUAN COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" 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 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 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.

Hilcorp Energy conducted an MIT on the subject well on 8/20/2020. It held 500 psi for 30 mins. Verbal permission given to MIT without a witness.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #526716 verified by the BLM Well Information System For HILCORP ENERGY COMPANY, sent to the Farmington Committed to AFMSS for processing by JOE KILLINS on 09/02/2020 (20JK0855SE)</b>	
Name (Printed/Typed) AMANDA WALKER	Title OPERATIONS/REGULATORY TECH SR.
Signature (Electronic Submission)	Date 08/21/2020

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	JOE KILLINS Title ENGINEER	Date 09/02/2020
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 Farmington

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.

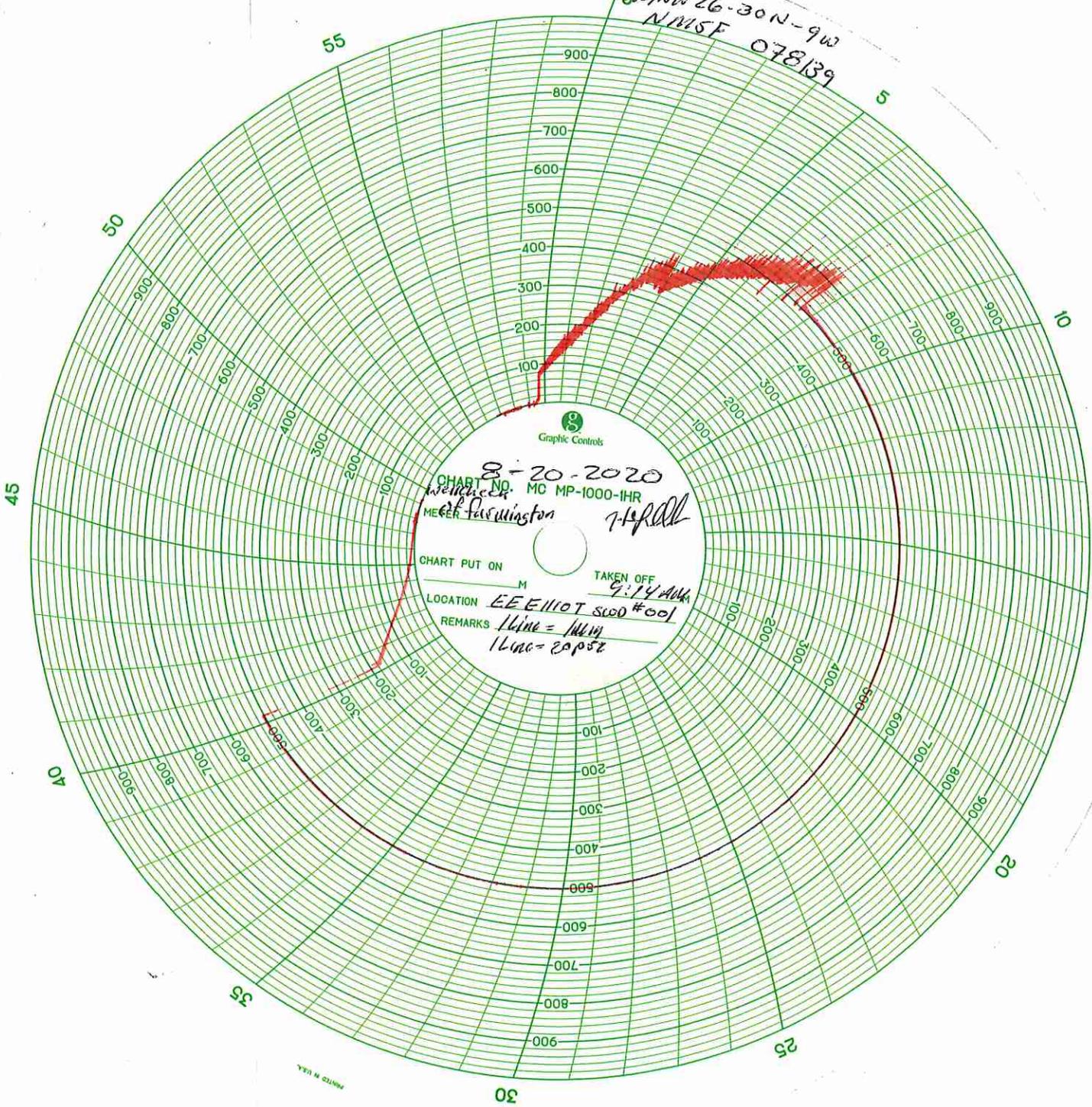
(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

## Revisions to Operator-Submitted EC Data for Sundry Notice #526716

	<b>Operator Submitted</b>	<b>BLM Revised (AFMSS)</b>
Sundry Type:	MIT SR	MIT SR
Lease:	NMSF078139	NMSF078139
Agreement:		
Operator:	HILCORP ENERGY 1111 TRAVIS ST. HOUSTON, TX 77002 Ph: 505-324-5122	HILCORP ENERGY COMPANY 1111 TRAVIS STREET HOUSTON, TX 77002 Ph: 713.209.2400
Admin Contact:	AMANDA WALKER OPERATIONS/REGULATORY TECH SR. E-Mail: mwalker@hilcorp.com  Ph: 505-324-5122	AMANDA WALKER OPERATIONS/REGULATORY TECH SR. E-Mail: mwalker@hilcorp.com  Ph: 505-324-5122
Tech Contact:	AMANDA WALKER OPERATIONS/REGULATORY TECH SR. E-Mail: mwalker@hilcorp.com  Ph: 505-324-5122	AMANDA WALKER OPERATIONS/REGULATORY TECH SR. E-Mail: mwalker@hilcorp.com  Ph: 505-324-5122
Location:		
State:	NM	NM
County:	SAN JUAN	SAN JUAN
Field/Pool:	OTHER	UNNAMED
Well/Facility:	E E ELLIOTT SWD 1 Sec 26 T30N R09W Mer NMP NWNW 1270FNL 580FWL	EE ELLIOT SWD SWD 1 Sec 26 T30N R9W NWNW 1270FNL 0580FWL 36.786040 N Lat, 107.763810 W Lon

Hilcorp  
26-30N-9W  
NMSF 078139



MANTO IN U.S.A.

## HEC Non Witness Salt Water Disposal MIT form

Date: 8-20-2020 Operator: Hilcorp Energy API Number: 3004527749

Property Name: EE Elliot Well: 1 Location: Unit D Sec 26 Twp 30N Rge 9W

Temporarily Abandoned Well: (Y/N) NO Max Injection Pressure: 1790

Pressured Casing annulus to: 500 Test Duration: 30 min Test Pass/Fail: Pass

Testing Time/Minutes	Tubing PSI	Casing PSI	INT PSI	INT PSI	BH PSI
Initial PSI	<u>1739</u>	<u>500</u>	<u>0</u>	<u>0</u>	<u>0</u>
5	<u>1739</u>	<u>500</u>	<u>0</u>	<u>0</u>	<u>0</u>
10	<u>1739</u>	<u>500</u>	<u>0</u>	<u>0</u>	<u>0</u>
15	<u>1739</u>	<u>500</u>	<u>0</u>	<u>0</u>	<u>0</u>
20	<u>1739</u>	<u>500</u>	<u>0</u>	<u>0</u>	<u>0</u>
25	<u>1739</u>	<u>500</u>	<u>0</u>	<u>0</u>	<u>0</u>
30	<u>1739</u>	<u>500</u>	<u>0</u>	<u>0</u>	<u>0</u>

Limiting Device Type: MURPHY Tested: YES/NO YES Test: Pass/Fail: PASS

Comments: Start Line 8:33AM Pressured Casing to 500psi To 30 Min. tested Discharge killed on 8-19-20 both injection pumps passed.

Employee Signature: Kari Gordon Position: SWD LEAD