

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUL 16 2012

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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.
SF-078764

6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.
Rosa Unit *NM 18401A (MV)*

8. Well Name and No.
Rosa Unit #23C

9. API Well No.
30-039-27609

10. Field and Pool or Exploratory Area
MV/DK

11. Country or Parish, State
RIO ARRIBA, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
WPX Energy Production, LLC

3a. Address
PO Box 640 Aztec, NM 87410

3b. Phone No. (include area code)
505-333-1806

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2060' FSL & 220' FWL, (L) sec 29, T31N, R5W

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"/> 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 type="checkbox"/> Other COMMINGLE DELIVERY
	<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	

This **MV/DK COMMINGLE** well was 1st delivered on 7/12/12 @ 1344 hrs. The initial rate was 675 mcf/d.

Meter Code #: 83762

Project Type: **COMMINGLE DELIVERY**

Tubing Pressure: 305

Line Pressure: 73

Casing Pressure: 305

Permanent line to WFS

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

Name (Printed/Typed)

Ben Mitchell

Title Regulatory Specialist

Signature *[Signature]*

Date 7/12/2012

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

Approved by

Title

Date **JUL 17 2012**

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 FIELD OFFICE
BY *[Signature]*

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)

NMOC

ca