

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 12 2014

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.**

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other OIL CONS. DIV DIST. 3		5. Lease Serial No. NMSF 078360
2. Name of Operator WPX Energy Production, LLC		6. If Indian, Allottee or Tribe Name
3a. Address PO Box 640 Aztec, NM 87410		7. If Unit of CA/Agreement, Name and/or No. CA 132829
3b. Phone No. (include area code) 505-333-1806		8. Well Name and No. Chaco 2306-18M #256H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sur: 253' FSL & 196' FWL, Sec 18, T23N, R6W BHL: 276' FNL & 230' FEL, Sec 19, T23N, R6W		9. API Well No. 30-039-31236
		10. Field and Pool or Exploratory Area Lybrook Gallup
		11. Country or Parish, State Rio Arriba, 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 type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Subsequent Report	<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	INTERMEDIATE CASING
<input type="checkbox"/> Final Abandonment Notice	<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 recomple 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.)

8/4/14 - MIRU AWS #730 – note: 9-5/8" surface previously set @ 400' by MoTe on 6/19/14

8/5/14 - INSTALL TEST PLUG, PRESS TEST PIPE & BLIND RAMS, CHOKE MANIFOLD VALVES, CHOKE & KILL LINE VALVES, 4" TIW VALVE 250# LOW 5 MIN EACH, 1500# HIGH 10 MIN EACH. TESTED GOOD. TEST PLUG, PUMP & CHARTS USED

8/6/14 - PULL TEST PLUG & TEST SURFACE CASING AGAINST BLIND RAMS 600 PSI FOR 30 MIN, GOOD. TEST PUMP & CHART USED

8/7/14 - 8/8/14 - DRILL 8-3/4" INTERMEDIATE HOLE

8/9/14 - TD 8-3/4" intermediate section @ 6030' TMD (5513' TVD), 2400 hrs

8/10/14 - Run 144 jts 7", 23# 1-55 LT&C csg. Landed @ 6020' (TVD 5513'), FC @ 5976'

8/11/14 - CEMENT INTERMEDIATE 7IN CSG W/ 60BBL H2O/CHEM WASH SPACER, THEN 52 SKS/19.9 BBLs OF 12# SCAVENGER, FOLLOWED BY 720 SKS/187.2 BBLs OF 13# N2 FOAMED ELASTISEAL SYSTEM LEAD, FOLLOWED BY 100 SKS/23.2 BBLs OF 13.5# HALCEM SYSTEM TAIL, DISPLACED W/ 235 BBLs OF 9.2# DRILL MUD. BUMPED PLUG @ 536 AND HELD 500 PSI OVER, RELEASED AND FLOATS HELD W/ 1.5 BACK - PLUG DOWN 8:00 - CIRC 20 BBLs CMT BACK TO SURFACE PSI TEST 7" CSG-GOOD, DRILL OUT CMT PSI TEST BOTH PIPE RAMS AND 7" CSG STRING @ 250PSI/5MIN AND 1,500PSI/30MIN WITH PUMP AND CHART, GOOD TEST ✓

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

Name (Printed/Typed)

Larry Higgins

Title **Regulatory Specialist**

Signature

Date **8/12/14**

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

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)

ACCEPTED FOR RECORD

AUG 13 2014

NMOCDA

FARMINGTON FIELD OFFICE

BY: **William Tambekou**