

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMSF078360
2. Name of Operator WPX Energy Production, LLC		6. If Indian, Allottee or Tribe Name
3a. Address PO Box 640    Aztec, NM 87410	3b. Phone No. (include area code) 505-333-1808	7. If Unit of CA/Agreement, Name and/or No. NMNM-132829
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 231' FSL & 195' FWL SEC 18 23N 6W BHL: 873' FSL & 64' FEL SEC 14 23N 7W		8. Well Name and No. NE Chaco Com #240H
		9. API Well No. 30-039-31235
		10. Field and Pool or Exploratory Area Chaco Unit NE HZ
		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 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 checked="" type="checkbox"/> Other EMERGENCY <b><u>NO FLARE SUNDRY FOR FLARE EXTENSION</u></b>
	<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.)

Flaring was not necessary on NE Chaco Com #240H during the Frac activity on the NE Chaco Com #900H for the BLM flare approval (7/8/15 to 7/14/15) and NMOCD flare approval (7/10/15 to 7/14/15).

ACCEPTED FOR RECORD OIL CONS. DIV DIST. 3

SEP 02 2015

SEP 08 2015

FARMINGTON FIELD OFFICE  
BY: *William Tambekou*

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Marie E. Jaramillo		Title Permit Tech
Signature <i>Marie E. Jaramillo</i>		Date 8/14/15

**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.

NMOCD

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