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Form 3160-5  
MAY 18 2017

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Farmington Field Office  
Bureau of Land Management

**CONDRIY 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.	NMNM18463
6. If Indian, Allottee or Tribe Name	

**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	7. If Unit of CA/Agreement, Name and/or No. CA NMNM136868
2. Name of Operator LOGOS Operating, LLC	8. Well Name and No. HEROS 2308 09L COM 1H
3a. Address 2010 Afton Place Farmington, NM 87401	9. API Well No. 30-045-35688
3b. Phone No. (include area code) (505) 324-4145	10. Field and Pool or Exploratory Area Nageezi Gallup
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1476 FSL & 210 FWL, NW/SW, L Sec 9 T23N R08W	11. Country 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 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Intermediate Casing Report
	<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.)

04/27/17 MIRU AZ920. 04/28/17 NU BOP, PT BOP at 3000psi/10min, good test. PT 9-5/8" csg @ 1500psi/30min, good test, PU MU directional tools, TIH w/8-3/4" bit, tag cmt @ 278'. DO cmt, FC & shoe @ 329'. Drill ahead on 8-3/4" hole to 4571', circ hole clean on 4/29/17. 4/30/17 TOO, PU curve assbly. Wash & ream. 5/1/17 start drilling curve section at 4571' and TD interm hole @ 5908' on 5/2/17. TOO w/bit & LD, RIH w/reamer, wash & ream as needed to 5908'. 5/3/17 RIH w/139jts 7" 23# J-55 LTC csg & set @ 5840' (5245' TVD) w/FC @ 5795'. RU Halliburton to cement.

Preflush w/10bbbls mud, 20bbbls CW & 10bbbls FW. Lead w/595sx(208bbbls, 1168cf) Halcem Class G cmt. Tail w/255sx(59bbbls, 331cf) Varicem cmt. Drop plug & displace w/38bbbls FW & 190bbbls Mud. Bump plug @ 01:20hr on 05/04/17. Plug down @ 01:30hr on 05/04/17. Circ 101bbbls cmt to surface. WOC. ND BOP, set slips, NU BOP, PT BOP at 3000psi/10min, good test.

05/04/17 16:30hr PT 7" csg @1500psi for 30mins, good test.

OIL CONS. DIV DIST. 3

MAY 22 2017

ACCEPTED FOR RECORD

MAY 18 2017

FARMINGTON FIELD OFFICE  
BY: [Signature]

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Tamra Sessions	Regulatory Specialist
Signature [Signature]	Date 05/08/2017

**THE 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)