

Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.

RECEIVED

AUG 30 2017

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

Farmington Field Office
Bureau of Land Management

1. Type of Well:

Gas

2. Name of Operator:

HILCORP ENERGY COMPANY

3. Address and Phone No. of Operator:

P.O. Box 4700 Farmington, NM 87499
505-599-3400

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 2170' FSL & 1840' FWL

S: 33 T: 026N R: 006W U: K

5. Lease Number:

NMSF-079265

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

KLEIN 28

9. API Well No.

3003922261

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARRIBA, NM

OIL CONS. DIV DIST. 3

SEP 08 2017

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other- Re-Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 8/14/2017 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT-IN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT REPAIR

ACCEPTED FOR RECORD

SEP 01 2017

FARMINGTON FIELD OFFICE

BY: William Tambekou

TP: 639

CP: 639

Initial MCF: 217

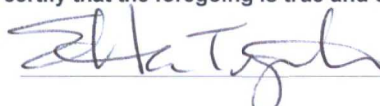
Meter No.: 93471

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed



Title: Operations/Regulatory Tech.

Date: 8/29/2017

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:

NMOCD 