

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

OCT 10 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: 1355' FSL & 1005' FWL
S: 12 T: 031N R: 008W U: L

OIL CONS. DIV DIST. 3

OCT 16 2017

5. Lease Number:

NMNM-111921

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

NEGRO CANYON 100S

9. API Well No.

3004532894

10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL

11. County and State:

SAN JUAN, NM

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 10/4/2017 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT IN FOR MORE THAN 90 DAYS DUE TO ECONOMICS . RETURNED TO PRODUCTION.

ACCEPTED FOR RECORD

OCT 12 2017

FARMINGTON FIELD OFFICE
BY: William Tambekou

TP: 0 CP: 288 Initial MCF: 26

Meter No.: 14333003

Gas Co.: BR

Proj Type.: REDELIVERY

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

Signed

Mandi Ray
Mandi Ray

Title: Operations/Regulatory Tech - Sr.

Date: 10/10/2017

(This Space for Federal or State Office Use)

APPROVED BY: _____ Title: _____ Date: _____

CONDITION OF APPROVAL, if any: _____

Title 18 U.S.C. Section 1001, makes 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.

NMOCD A

Returned to active status