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Form 3160-5  
(June 2015)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SEP 28 2017

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

**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.*

5. Lease Serial No. <b>NMSF 078888</b>
6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator <b>WPX Energy Production, LLC</b>	
3a. Address <b>PO Box 640    Aztec, NM 87410</b>	3b. Phone No. (include area code) <b>505-333-1816</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>SHL: 1530' FNL &amp; 1790' FEL Sec 10 T31N R4W</b>	

7. If Unit of CA/Agreement, Name and/or No. <b>NMMN 78407E</b>
8. Well Name and No. <b>Rosa Unit 103</b>
9. API Well No. <b>30-039-23490</b>
10. Field and Pool or Exploratory Area <b>DK</b>
11. Country or Parish, State <b>Rio Arriba, NM</b>

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"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<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 recompleate 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 multiple completion or recompleation 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.)

OIL CONS. DIV. DIST. 9  
DEC 07 2017

USFS

The Rosa Unit 103 has been Plugged & Abandon on 12/31/92, under Williams Production Company.

WPX request a Final Abandonment (FAN) on the Rosa Unit 103 and transfer reclamation requirements to the twinned wells for the Rosa Unit 293 on location, as it is still active.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Lacey Granillo	Title: Permit Tech
Signature 	Date: 9/28/17

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by 	Title <b>Sup NRS</b>	Date <b>11/30/17</b>
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 <b>FFO</b>	

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.