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.

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

RECEIVED

APR 0 6 201?

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: 2415' FSL & 205' FEL

S: 18   T: 027N   R: 005W   U: I

5. Lease Number:

SF-079391

6. If Indian, allottee or Tribe Name:

.

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 27-5 UNIT 137P

9. API Well No.

3003929358

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO

11. County and State:

RIO ARRIBA, NM

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

___ Notice of Intent	___ Recompletion	___ Change of Plans
X Subsequent Report	___ Plugging Back	___ New Construction
___ Final Abandonment	___ Casing Repair	___ Non-Routine Fracturing
___ Abandonment	___ Altering Casing	___ Water Shut Off
	X Other- Re-Delivery	___ Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 4/4/2018 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS RECOMPLETED TO THE MESAVERDE & NOW PRODUCING AS MV/DK UNDER DHC-1995AZ.

TP: 284   CP: 468   Initial MCF: 600

Meter No.:   86-223-01

Gas Co.:   ENT

Proj Type.:   RECOMPLETE

NMOCD

APR 1 2 2018

ACCEPTED FOR RECORD

APR 0 9 2018

FARMINGTON FIELD OFFICE
By: _William Tambekou_

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

DISTRICT III

Signed _Etta Trujillo_   Title: Operations/Regulatory Tech - Sr.   Date: 4/6/2018

(This Space for Federal or State Office Use)

APPROVED BY: _____   Title: _____   Date: _____

CONDITION OF APPROVAL, if any:

NMOCD