

State of New Mexico  
Energy, Minerals and Natural Resources Department

**Michelle Lujan Grisham**  
Governor

**Sarah Cottrell Propst**  
Cabinet Secretary

**Todd E. Leahy, JD, PhD**  
Deputy Secretary

**Adrienne Sandoval**, Division Director  
Oil Conservation Division



New Mexico Oil Conservation Division approval and conditions listed below are made in accordance with OCD Rule 19.15.7.11 and are in addition to the actions approved by BLM on the following 3160-4 or 3160-5 form.

Operator Signature Date: 2/20/2019  
Well information:

**30-039-60063 HUGHES #003**  
HILCORP ENERGY COMPANY

Application Type:

- P&A     Drilling/Casing Change     Location Change
- **Recomplete/DHC** (For hydraulic fracturing operations review EPA Underground injection control Guidance #84; Submit Gas Capture Plan form prior to spudding or initiating recompletion operations)
- Other: SHL correction**

The operator **has 30 days** to file the appropriate administrative request for NSL to Santa Fe and notice the Aztec office that the request has been filed.

\_\_\_\_\_  
NMOCD Approved by Signature

4/12/19  
Date

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires July 31, 2010

RECEIVED  
FEB 20 2019  
Bureau of Land Management  
Alamogordo Field Office

**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.*

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
**Hilcorp Energy Company**

3a. Address  
**382 Road 3100, Aztec, NM 87410**

3b. Phone No. (include area code)  
**505-599-3400**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**Surface Unit M (SWSW), 97' FSL & 128' FWL, Sec. 34, T26N, R07W**

5. Lease Serial No.  
**SF-078047**

6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.  
**Hughes 3**

9. API Well No.  
**30-039-60063**

10. Field and Pool or Exploratory Area  
**Ballard Pictured Cliffs**

11. Country or Parish, State  
**San Juan, New Mexico**

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"/> Fracture Treat	<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	<u>Footages &amp; Coordinate</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<u>Correction</u>

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.)

**Through OCD inspection and file review it has been determined that the footages and coordinates are incorrect. Please see updated C-102 with corrected footages and coordinates.**

NMOCD  
ACR 08 08  
DISTRICT 111

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
**Christine Brock** Title **Operations/Regulatory Technician**

Signature *Christine Brock* Date *2/20/19*

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by *Dave Mankiewicz* Title *AFM* Date *4/8/19*

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 *FFO*

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.

**DISTRICT I**  
 1825 N. French Dr., Hobbs, N.M. 88240  
 Phone: (575) 393-6161 Fax: (575) 393-0720

**DISTRICT II**  
 811 S. First St., Artesia, N.M. 88210  
 Phone: (575) 748-1283 Fax: (575) 748-6170

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, N.M. 87410  
 Phone: (505) 334-6178 Fax: (505) 334-6170

**DISTRICT IV**  
 1220 S. St. Francis Dr., Santa Fe, NM 87505  
 Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
 Energy, Minerals & Natural Resources Department

Form C-102  
 Revised August 1, 2011

Submit one copy to appropriate  
 District Office

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-039-60063		<sup>2</sup> Pool Code 71439	<sup>3</sup> Pool Name BALLARD PICTURED CLIFFS
<sup>4</sup> Property Code 318581	<sup>5</sup> Property Name HUGHES		<sup>6</sup> Well Number 3
<sup>7</sup> GRID No. 372171	<sup>8</sup> Operator Name HILCORP ENERGY COMPANY		<sup>9</sup> Elevation 6277'

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	34	26N	7W		97'	SOUTH	128'	WEST	RIO ARRIBA

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

<sup>12</sup> Dedicated Acres SW/4 SECTION 34 160.00 ACRES	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

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<sup>18</sup> OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Christine Brock 2/20/19  
 Signature Date

Christine Brock  
 Printed Name

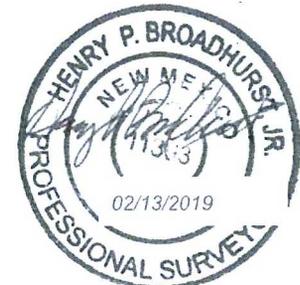
cbrock@hilcorp.com  
 E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

FEBRUARY 12, 2019

Date of Survey  
 Signature and Seal of Professional Surveyor:



Certificate Number 11393

