

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

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

JUL 08 2019

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.
NMNM-086033
6. If Indian, Allottee or Tribe Name

Farmington Field Office
Bureau of Land Management

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit of CA/Agreement, Name and/or No. NMNM 132829
2. Name of Operator Enduring Resources IV LLC		8. Well Name and No. NE CHACO COM 264H
3a. Address 200 Energy Ct Farmington NM 87401	3b. Phone No. (include area code) 505-636-9741	9. API Well No. 30-039-31287
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 1345' FSL & 259' FWL SEC 5, T23N, R6W BHL: 814' FSL & 230' FEL SEC 5, T23N, R6W		10. Field and Pool or Exploratory Area Chaco Unit NE HZ
		11. Country or Parish, State Rio Arriba, NM

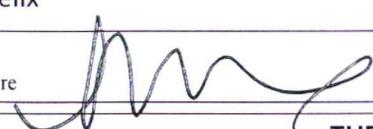
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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	Compliance-
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	Dine CARE

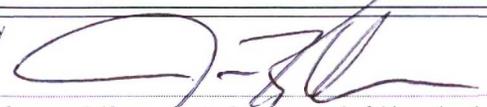
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths 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.)

In accordance with the order of cessation of all well operations in compliance with Dine CARE v. Bernhardt, Civ 15-209 JB/SCY (D.N.M.), No. 15-2130 (10th Cir.) Enduring Resources IV, LLC has shut in all on-lease operations associated with the referenced well as of July 2nd, 2019. The referenced well will remain shut in until BLM completes the additional NEPA analysis and issues a new APD.

NMOCD
DISTRICT III

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Andrea Felix	Title Regulatory Manager
Signature 	Date 7/8/19

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by 	Title Retro Engr	Date 7/8/2019
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.

NMOCD Accepted For Record