

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.  
NMSF078212

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

8. Well Name and No.  
MCCORD 102S

9. API Well No.  
30-045-34201-00-S1

10. Field and Pool or Exploratory Area  
BASIN FRUITLAND COAL

11. County or Parish, State  
SAN JUAN COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other: COAL BED METHANE

2. Name of Operator  
HILCORP ENERGY COMPANY  
Contact: AMANDA WALKER  
E-Mail: mwalker@hilcorp.com (san juan nort)

3a. Address  
1111 TRAVIS STREET  
HOUSTON, TX 77002  
3b. Phone No. (include area code)  
Ph: 505.324.5122

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 15 T30N R13W NWSW 1780FSL 1020FWL  
36.810829 N Lat, 108.198171 W Lon

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input checked="" type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back

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.

Hilcorp Energy Company returned this well to production on 8/1/2019 after being shut in for more than 90 days.

**NMOC**  
**AUG 14 2019**  
**DISTRICT III**

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

**Electronic Submission #477651 verified by the BLM Well Information System**  
**For HILCORP ENERGY COMPANY, sent to the Farmington**  
**Committed to AFMSS for processing by MELISSA REEVES-WIENTJES on 08/13/2019 (19MRW0318SE)**

Name (Printed/Typed) AMANDA WALKER Title OPERATIONS REGULATORY TECH

Signature (Electronic Submission) Date 08/12/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By **ACCEPTED** Title MELISSA REEVES-WIENTJES Date 08/13/2019  
LAND LAW EXAMINER

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 Farmington

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.

*AV*