CED Artesis         OMDER JOINTS           BUREAU OF LAND MANAGEMENT         Standard Control State (State Control State Control Co	Form 3160-5			ł	FORM APPROVED
BUREAU OF LAND MANAGEMENT       5         SUNDRY NOTCES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandonod well. Use Form 3160-3 (APD) for such proposals.       6         SUBMIT IN TRIPLICATE - Other instructions on page 2.       7. If Utul of CAAgreenesi, Name autor No.         Large of Well       Image: Comparison of the comparison on page 2.       7. If Utul of CAAgreenesi, Name autor No.         Autors       Image: Comparison of the comparison on page 2.       7. If Utul of CAAgreenesi, Name autor No.         Autors       Image: Comparison of the comparison on page 2.       7. If Utul of CAAgreenesi, Name autor No.         Autors       Image: Comparison of the comparison on page 2.       7. If Utul of CAAgreenesi, Name autor No.         Autors       Image: Comparison of the comparison on page 2.       7. If Utul of CAAgreenesi, Name autor No.         Autors       Image: Comparison of the comparison on page 2.       7. If Utul of CAAgreenesis, Name autor No.         Autors       Image: Comparison of the comparison on page 2.       7. If Utul of CAAgreenesis, Name autor No.         Autors       Image: Comparison of the comparison on page 2.       7. If Utul of CAAgreenesis, Name autor No.         Autors       Image: Comparison of the	(February 2005)		OCD Ar		
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Oil Well       Cas Well       Other       Please see Attachment         2-Nerrer of Operating       Please see Attachment       Please see Attachment         13 Addres       Staff Well XO         14 Addres       Staff Well XO         15 Addres       Staff Well XO         16 Traid and Pool exploring Area       Please see Attachment         14 Location of Well (focuage, Sec. T.R.M. or Survey Description)       Eddy, NM         12 CHECK THE APPROPRIATE DOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         I Addre       Please see Attachment         I Addres       Please see Attachment         I	SUBM	IT IN TRIPLICATE – Other instruction	ns on page 2.	7. If Unit of CA/Ag	reement, Name and/or No.
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Fasken Oli ánd Ranch, Ltd.       Please see Attachment         Sa Address       The Nume No. (include area code)       Please see Attachment         432-687-1777       Please see Attachment         44. Location of Well (Pooting: See, T.R.M. or Survey Description)       I) Country or Please see Attachment         1       Country or Please see Attachment         432-687-1777       I) Country or Please see Attachment         44. Location of Well (Pooting: See, T.R.M. or Survey Description)       I) Country or Please see Attachment         1       Country or Please see Attachment       I) Country or Please see Attachment         1       Country or Please see Attachment       II) Country or Please see Attachment         1       Country or Please see Attachment       III) Country or Please see Attachment         1       Country or Please see Attachment       III) Country or Please see Attachment         1       Country or Please see Attachment       III Country or Please see Attachment         1       Country or Please see Attachment       III Country or Please see Attachment         1       Country or Please see Attachment       IIII Country or Please see Attachment         1       Country or Please see Attachment       IIIII Country or Please see Attachment         1       Country of Please see Attachment       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Well Other		Please see Attach	
610 Holdery HI Rook Sublect 77, 20102       432-687-1777       Plaase see Attachment         4. Location of Well (Poolege, Sec. T.R.M. or Survey Description)       11. Country of Parini, State         4. Location of Well (Poolege, Sec. T.R.M. or Survey Description)       11. Country of Parini, State         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF SUBMISSION         Image: Subscription of Well (Poolege, Sec. T.R.M. or Survey Description)       Water Shue-Off         Image: Subscription of Well (Poolege, Sec. T.R.M. or Survey Description)       Water Shue-Off         Image: Subscription of Well (Poolege, Sec. T.R.M. or Survey Description)       Water Shue-Off         Image: Subscription of Well (Poolege, Sec. T.R.M. or Survey Description)       Water Shue-Off         Image: Subscription of Well (Poolege, Sec. T.R.M. or Survey Description)       Water Shue-Off         Image: Subscription of Well (Poolege, Sec. T.R.M. or Survey Description)       Water Shue-Off         Image: Subscription of Well (Poolege, Sec. T.R.M. or Survey Description)       Water Shue-Off         Image: Subscription of Melling Completion of Recompletion of Recompletion of Recompletion of Recompletion of Melling Sci and Provide Addition of Melling Sci and Recompletion of Recompletion of Recompletion of Recompletion of Recompletion of Recompletion of the stroke of ready for final inspection)         Image: Subscription of Melling Reparing Struct and Social Sci and Mold Social Sci and Social S	Fasken Oil and Ranch, Ltd.			Please see Attach	
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Notice of Intern       Acidize       Despen       Production (Start/Resum)       Water Shar-Off         Subsequent Report       Casing Repair       New Construction       Recomptete       Water Shar-Off         Subsequent Report       Charleng Plans       Plug and Abandon       Recomptete       Coher       ReQuest to Flag         13. Describe Proposed or Completed Operation. Clearly state all pertinent details, including scimated starting date of any proposed work and approximate duration ther       for the proposal is to despen directionally or recomplete horizonally, yee subsarface locations and measured and true vertical depth of all pertinent markers and zona completen of the work will be performed or provide the Board No. on file with BUMBIA. Required and the vertical depth of all pertinent markers and zona duration ther the proposal for final inspection.)         Enterprise was performing some maintenance due to high line pressure beginning on 12-10-13. Fasken was notified by phone. Time period requested 12-10-13 - 12-18-13.         Enterprise was performing some maintenance due to high line pressure beginning on 12-10-13. Fasken was notified by phone. Time period requested 12-10-13 - 12-18-13.         APR 0 & 2U15       Condent Pperiod         Min Orld. CONSERVATION         Agreewide the foregoing is true and correct.         Mam.       Creater Pperiod         Market Prode         Market Prode         Market Prode       Control         Market Prode       Control <t< td=""><td>12. CHE</td><td>CK THE APPROPRIATE BOX(ES) TO</td><td>INDICATE NATURE OF</td><td>NOTICE, REPORT OR OT</td><td>HER DATA</td></t<>	12. CHE	CK THE APPROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, REPORT OR OT	HER DATA
Notice of Inform     Casing Repair     Casi	TYPE OF SUBMISSION		ТҮРЕ О	F ACTION	······
After Casing       Practure Treat       Recomplete       Well integrity         Casing Repair       New Construction       Recomplete       Other Requests to Flag         Final Abandonment Notice       Casing Repair       Plug Back       Water Disposal       Casing Plans         13 Describe Proposed or Completed Operation: Clearly state all peritorent dealish, including estimated starting date of any proposed work and approximate duration there proposal is to deep of intervited depths of all peritorent markers and zone Attach the Bond under which the work will be performed or provide the Date Ocations and measured and true vertical depths of all peritorent markers and zone Attach the Bond under which the work will be performed or provide the Date Nucleic December on recompletion in a two vertical depths of all peritorent markers and zone Attach the Bond and the site is raceful for final Insection.)         Enterprise was performing some maintenance due to high line pressure beginning on 12-10-13. Fasken was notified by phone. Time period requested 12-10-13 - 12-18-13.         PAR 0 6 2015       SEE ATTACHED FOR CONDITIONS OF APPROV         NMM OIL CONSERVATION       ARTESIA DISTRICT         NMM OR       Date 02/04/2014         14       Interprise performed correct.         Name (FrinkedTypee)       Title Regulatory Angraves         Kim T		Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
Subsequent Report       Change Plans       Plag and Abandon       Temporarity Abandon       Gas Well Gas         Subsequent Ropic       Final Abandonment Notice       Convert to Injection       Plug Back       Water Disposal         13. Describe Proposed or Completed Operation: Clearly state all perionent details, including estimated starting date of any proposed work and approximate duration there proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all perionent markers and zone Attach the Bond under which the work will be performed or provide the Bond No on file with BLMPLA. Required subsequent reports must be filed within 10 day foldowing completion of the involved operations. If the operation results in anilityles completion recompletion in new interval, a Form 310-04 must be filed only after all requirements, including reclamation, have been completed and the operator has determined but he site is resolved for final haspection.)         Enterprise was performing some maintenance due to high line pressure beginning on 12-10-13. Fasken was notified by phone. Time period requested 12-10-13 - 12-18-13.         MM OIL CONSERVATION ARTESIA DISTRICT         APR 0 6 2015         Accompleted for rescored         Name (Primed Typed)         Kim Tyson         Thite Regulatory Amalysis         Accompleted Advectory Amalysis         Approved by         Thils SPACE FOR FEDERAL OR STATE OFFICE CANSE         Approved by         Thite Regulatory Amalysis of approval of this notice does n		Alter Casing	Fracture Treat	Reclamation	
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(Instructions on page 2)	(Instructions on page 2)				

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## Request to Flare Gas Well Gas Sundry Notice Attachment Time Period 12-10-2013 – 12-18-2013

Well Name	API Number	Location	Pool	MCF Per day
El Paso Federal No. 9	30-015-30221	UL – J, Sec. 2, T21S, R26E 1980' FSL & 1350' FEL	Avalon; Morrow (Gas)	50
El Paso Federal No. 11	30-015-30465	UL – O, Sec. 1, T21S, R26E 4277' FNL & 1787' FEL	Burton Flat; Strawn, West (Gas)	25
Avalon 1 Federal No. 4	30-015-31359	UL – R, Sec. 1, T21S, R26E 2853' FSL & 1643' FEL	Burton Flat; Morrow (Pro Gas)	100
Maralo Federal No. 1	30-015-23302	UL – J, Sec. 35, T20S, R27E 1980' FSL & 1980' FEL	Burton Flat; Morrow (Pro Gas)	10
Maralo Federal No. 2	30-015-23748	UL – K, Sec. 35, T20S, R27E 1980' FSL & 1650' FWL	Burton Flat; Morrow (Pro Gas)	50
Maralo 34 Federal No. 3	30-015-30331	UL – H, Sec. 34, T20S, R27E 2150' FNL & 660' FEL	Avalon; Morrow (Gas)	25

Well Name	API Number	Location	Pool	MCF Per day
Maralo 35 Federal No. 5	30-015-35695	UL – C, Sec. 35, T20S, R27E 990' FNL & 1980' FWL	Burton Flat; Morrow (Pro Gas)	20
Gulf Federal No. 1	30-015-24035	UL – C, Sec. 1, T21S, R26E 660' FNL & 1980' FWL	Burton Flat; Morrow (Pro Gas)	200

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## El Paso Federal 9 30-015-30221 Fasken Oil and Ranch, Ltd April 01, 2015 Conditions of Approval

- 1. Report all volumes on OGOR B as disposition code 08.
- 2. Comply with NTL-4A requirements
- 3. Subject to like approval from NMOCD
- 4. Flared volumes will still require payment of royalties

5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.

6. This approval does not authorize any additional surface disturbance.

7. Submit updated facility diagram as per Onshore Order #3.

8. Approval not to exceed 90 days for date of approval.

9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).

10. If flaring is still required past 90 days submit new request for approval.

11. If a portable unit is used to flare gas it must be monitored at all times.

12. Comply with any restrictions or regulations when on State or Fee surface.

## 040115 JAM