

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.
FEE

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.8. Well Name and No.
MCGRUDER 13 ST 1

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Contact: DAVID A EYLER
DOMINION OK/TX EXPL & PROD INCE-Mail: DEYLER@MILAGRO-RES.COM

9. API Well No.

30-015-29871-01-S1

3a. Address

14000 QUAIL SPRINGS PARKWAY SUITE 600
OKLAHOMA CITY, OK 73134

3b. Phone No. (include area code)

Ph: 432-687-3033

10. Field and Pool, or Exploratory
HAPPY VALLEY

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 13 T22S R25E SESW 281FSL 1924FWL

11. County or Parish, and State

EDDY COUNTY, NM

12. CHECK 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"/> 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recomple 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

- 1) SET 5-1/2" CIBP @ 10,200'; PUMP 25 SXS.CMT. @ 10,200'-10,000'; CIRC. WELL.
 - 2) PUMP 30 SXS.CMT. @ 8,590'-8,410'(T/WC, DV TOOL); WOC X TAG CMT. PLUG.
 - 3) PUMP 25 SXS.CMT. @ 7,000'-6,830'(SPACER PLUG).
 - 4) PUMP 25 SXS.CMT. @ 5,075'-4,925'(9-5/8"CSG.SHOE); WOC X TAG CMT. PLUG.
 - 5) PUMP 25 SXS.CMT. @ 4,651'-4,511'(T/B.S.); WOC X TAG CMT. PLUG.
 - 6) CUT X PULL 5-1/2" CSG. @ +/-4,000'.
 - 7) PUMP 50 SXS.CMT. @ 4,070'-3,930'(5-1/2"CSG.STUB); WOC X TAG CMT. PLUG.
 - 8) PUMP 60 SXS.CMT. @ 2,150'-2,030'(T/DLWR.); WOC X TAG CMT. PLUG.
 - 9) PUMP 55 SXS.CMT. @ 1,176'-1,066'(13-3/8"CSG.SHOE); WOC X TAG CMT. PLUG.
 - 10)MIX X CIRC. TO SURF. 40 SXS.CMT. @ 100'-3'.
 - 11)DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.
- DURING THIS PROCEDURE WE PLAN TO USE THE CLOSED-LOOP SYSTEM W/ A STEEL TANK AND HAUL CONTENTS TO

NM OIL CONSERVATION
ARTESIA DISTRICT

JUL 01 2015

RECEIVED

LED Accepted for record 7/30/15
NMOC

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

**Electronic Submission #302736 verified by the BLM Well Information System
For DOMINION OK/TX EXPL & PROD INC. sent to the Carlsbad
Committed to AFMSS for processing by JAMES AMOS on 06/24/2015 (15JA0311SE)**

Name (Printed/Typed) DAVID A EYLER

Title AGENT

Signature (Electronic Submission)

Date 05/23/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

REJECTED

JAMES A AMOS

Title SUPERVISORY PET

Date 06/24/2015

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 Carlsbad

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.

Additional data for EC transaction #302736 that would not fit on the form

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

NMNM100191
NMNM113999

32. Additional remarks, continued

THE REQUIRED DISPOSAL, PER OCD RULE 19.15.17.