NM OIL CONSERVATION

Form 3160-5 (June 2015)

ARTESIA DISTRICT **UNITED STATES**

DEPARTMENT OF THE INTERIOBCT 2 4 2017 **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0137

	Expires: January 31, 2	20
nana Carial	No	

SUNDRY NOTICES AND REPORTS ON MELLS IN not use this form for proposals to drill or to re-enter an

5. Lease Serial No. NM53373 6. If Indian, Allottee or Tribe Name

	Use Form 3160-3 (A									
SUBMIT IN	TRIPLICATE - Other insti	7. If Unit of CA/Agreement, Name and/or No.								
1. Type of Well										
✓ Oil Well Gas W		8. Well Name and No. HB 3 Federal #4H								
2. Name of Operator Tap Rock Opera	9. API Well No. 30-015-38993									
3a. Address 602 Park Point Drive Su	10. Field and Pool or Exploratory Area									
602 Falk Follit Drive St	3b. Phone No. (inch (720) 772-5090			[11520] CEDAR CANYON;BONE SPRING						
4. Location of Well (Footage, Sec., T., R		11. Country or Parish, State								
24S 29E Section 3 SESE		Eddy County, New Mexico								
12. CHE	CK THE APPROPRIATE E	BOX(ES) TO INDICA	TE NATURE	OF NOTIO	CE, REPORT OR OTH	HER DAT	`A			
TYPE OF SUBMISSION			TYPE OF ACTION							
✓ Notice of Intent	Acidize	Deepen		Produ	duction (Start/Resume)		Water Shut-Off			
<u> </u>	Alter Casing	Hydraulic	Fracturing	✓ Recla	mation	□ v	Vell Integrity			
Subsequent Report	Casing Repair	New Cons		=	mplete		Other			
	Change Plans	Plug and A		= :	orarily Abandon					
Final Abandonment Notice 13. Describe Proposed or Completed O	Convert to Injection				Disposal					
TRO proposes to fully reclaim these lands at the conclusion of a workover operation to clean out the well if we do not plan to use this location for future wells. TRO plans to workover this well on or before July 1, 2018. TRO is in the process of creating development plans for this area and believe overall surface impact will be minimized by placing more wells on this current pad. For these reasons, TRO requests that we not reclaim these lands until the conclusion of the workover or the completion of new drill wells in our development plan, whichever is later. **Accepted for record - NMOCD** **Accepted for record - NM										
that tim	e. Erp.	ines 1	10-11	1-12	P	<u>.</u>				
14. I hereby certify that the foregoing is Erica Hixson	true and correct. Name (Pr	rinted/Typed) Title	Land Anal	yst						
Signature Girch Date 10/3/74 7 10/03/2017										
	THE SPACE	E FOR FEDERA	AL OR ST	ATE OF	ICE USE					
Approved by	1. Comos		Title _	SPE	7	Date	10-11-17			
Conditions of approval, if any, are attach certify that the applicant holds legal or e which would entitle the applicant to con	equitable title to those rights		Office	160						
Title 18 U.S.C Section 1001 and Title 43 any false, fictitious or fraudulent statement				ly and willf	ully to make to any de	partment	or agency of the United States			