Form 3160-5 (June 2015)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

## **NMOCD** Artesia

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. 6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well  Oil Well  Gas Well  Other				8. Well Name and No. SCB 13 FEDERAL #006		
3a. Address       1301 MCKINNEY; SUITE 1300       3b. Phone No. (include area code)         HOUSTON, TEXAS 77010       (713) 351-0534			i	10. Field and Pool or Exploratory Area  LOVING; DELEWARE, EAST		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)				11. Country or Parish, State		
SEC 13, T23S, R28E; 2235' FNL & 990' FEL				EDDY COUNTY, NEW MEXICO		
12. CHE	CK THE APPROPRIATE BOX	X(ES) TO INDICATE NATURE	OF NOTICE, REPORT	FOR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACT					
Notice of Intent	Acidize Alter Casing	Deepen Hydraulic Fracturing	Production (Start/ Reclamation	uction (Start/Resume) Water Shut-Off amation Well Integrity		
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily Abar	-		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	er Disposal		
completion of the involved operation completed. Final Abandonment Not is ready for final inspection.)  FINAL TA (10-20-2017 THRU 1  1. PULL RODS AND TBG FRO 2. SET 5.5" CIBP @ 4734'  3. TAG CIBP CIRC HOLE WITH 4. DUMP BAIL 3 SXS CMT @ 45. CIRC FW + BIOCIDE & COR 6. PSI TEST TO 500 PSI FOR 5	ices must be filed only after al 10-21-2017 M WELL H FW + BIOCIDE & CORRO 1734-4699, WOC, TAG. RROSION INHIB	l requirements, including reclams  DSION INHIB		0/23/2018 ATION AC		
			RECEIVED			
14. I hereby certify that the foregoing is JAMIE A. ROBINSON	true and correct. Name (Print	ed/Typed) SR. REGUI	ATORY ANALYST			
Signature		Date	/	10/23/2017	#	
	THE ODAOE I	FOR FEDERAL OR STA	-/ JACCEP	FD FOR RA	ECORD //	
	I HE SPACE I	FUR FEDERAL OR SIA	I PICE USE		### N/	
Approved by  Conditions of approval, if any, are attack certify that the applicant holds legal or e which would entitle the applicant to condition.  Title 18 U.S.C Section 1001 and Title 43	quitable title to those rights in duct operations thereon.	the subject lease Office	BUREAU	SRAD FIEL <b>IKAFE</b>		
any false, fictitious or fraudulent stateme	ents or representations as to an	y matter within its jurisdiction.	and willtuny to make	to any department 0.	1 agos grades	
(Instructions on page 2)		/ /	/	//	//	

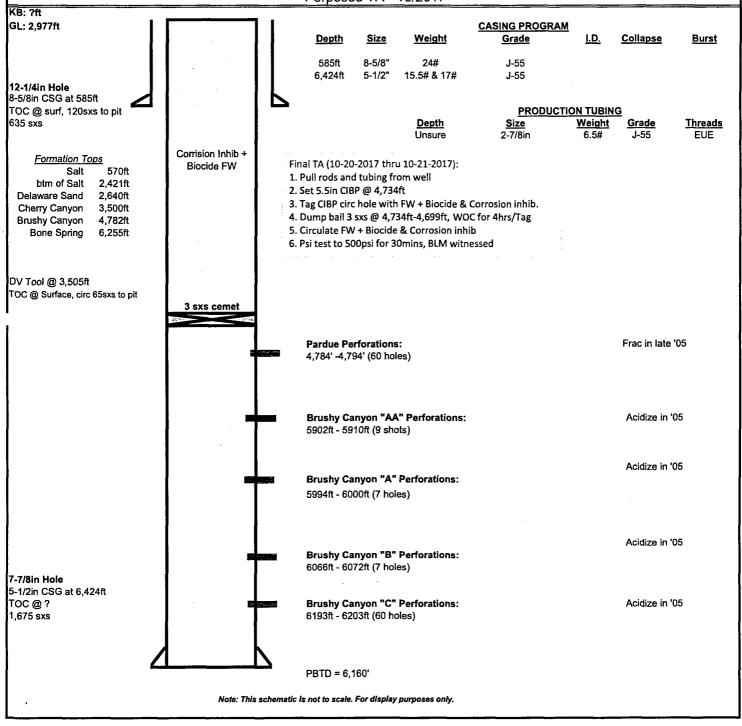


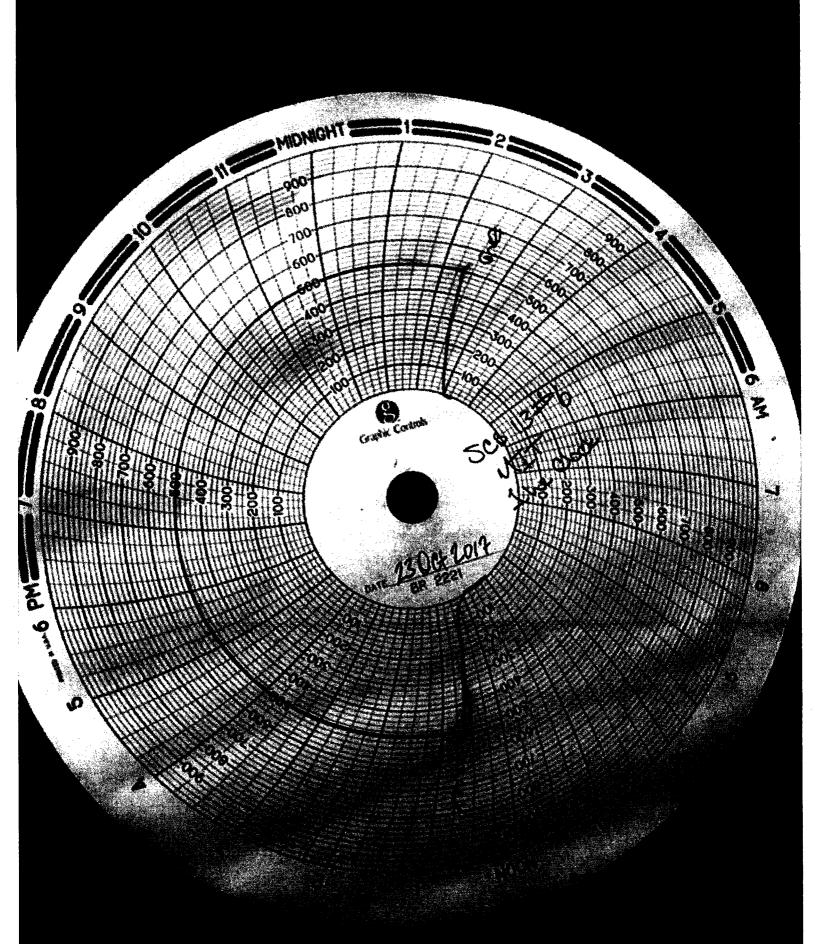
## SCB # 13 Fed 6 API: 30-015-33777

## **Eddy County, New Mexico**

UNIT E: Sec 13: T23S: R28E: 2235 FNL & 990 FWL

Porposed TA - 10/2017





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