

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office
OCD Artesia

FORM APPROVED
BMB No. 1004-0137
Expires: January 31, 2018

Agency File No. 89100087230

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.

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator EnergyQuest II, LLC

3a. Address 4526 Research Forest Dr., Ste. 200
The Woodlands, TX 77381

3b. Phone No. (include area code)
(281) 875-6200

7. If Unit of CA/Agreement, Name and/or No.
Grayburg-Jackson PSU

8. Well Name and No. Grayburg-Jackson PSU AD #006

9. API Well No. 30-015-10463

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2310' FNL & 330' FWL, Unit 'E', Sect. 27, T-17S, R-30E

10. Field and Pool or Exploratory Area
Grayburg-Jackson SR-Q-G-SA

11. Country or Parish, State
Eddy County, NM

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 type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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 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 recompleat 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 perfonned 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 recompleat 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 detennined that the site is ready for final inspection.)

MIRU pulling unit.
Pull completion assembly
Replace 2 joints 2-3/8" production tubing and test.
Change pump
Rig down pulling unit
Return to production 4/12/18.

24 hour well test 4/14/18
3 BO, 125 BW

RECEIVED

MAY 23 2018

DISTRICT II-ARTESIA O.C.D.

GC 5-24-18
Accepted for record - NMOC

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
DEBRA MOORE

PRODUCTION ANALYST
Title

Signature

Debra Moore

Date

04/17/2018

/s/ Jonathon Shepard

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Office

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.

MAY 16 2018
Date

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.

(Instructions on page 2)