|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NMOCD                                                                    |                              |                           |                           |                                                                          |                            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|---------------------------|---------------------------|--------------------------------------------------------------------------|----------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UNITED STATES<br>PARTMENT OF THE INTERIOR<br>EAU OF LAND MANAGEMENT      |                              | Т                         |                           | FORM APPROVED<br>OMB No. 1004-0137<br>Expires: July 31, 2010             |                            |  |
| BUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |                           |                           | 5. Lease Serial No.<br>LC-029392B                                        |                            |  |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                              |                           |                           | 6. If Indian, Allottee or Tribe Name                                     |                            |  |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                              |                           |                           |                                                                          |                            |  |
| SUBMIT IN TRIPLICATE – Other instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                              |                           |                           | 7. If Unit of CA/Agreement, Name and/or No.                              |                            |  |
| 1. Type of Well Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                              |                           |                           | 8. Well Name and No.                                                     |                            |  |
| 2. Name of Operator<br>Judah Oil, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                              |                           |                           | 9. API Well No.                                                          |                            |  |
| a. Address 3b. Phone No. (include area code)   D Box 568 575-748-4730                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                              |                           | e)                        | 10. Field and Pool or Exploratory Area<br>Shugart; Yates-7RS-QU-Grayburg |                            |  |
| 4. Location of Well (Footage, Sec., T., R.M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                              |                           |                           | 11. Country or Parish, State<br>Eddy Co., NM                             |                            |  |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                              |                           |                           |                                                                          |                            |  |
| TYPE OF SUBMISSION TYPE OF ACT                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                              |                           |                           | ION                                                                      |                            |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                              | en                        | Production (Start/Resume) |                                                                          | Water Shut-Off             |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Alter Casing                                                             |                              | ure Treat<br>Construction | _                         | mation<br>nplete                                                         | Well Integrity             |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Change Plans                                                             | =                            | and Abandon               | _                         | orarily Abandon                                                          |                            |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Convert to Injection                                                     | Plug                         | Back                      |                           | r Disposal                                                               |                            |  |
| determined that the site is ready for<br>Scottsdael Fed #130-015-25005<br>Scottsdale Fed #230-015-25170<br>Scottsdale Fed #3 30-0105-253<br>Effective July 1 2007, Judah Oit, LL/<br>BLM state wide bond #1015024.                                                                                                                                                                                                                                                          | , B-27-18S-31E 330 FNL<br>, A-27-18S-31E 330 FN<br>07, G-27-18S-31E 1850 | II, 990 FEL<br>) FNL, 2310 F |                           | h Oil, LLC                | assumed all responsi                                                     | bilites to this well.      |  |
| GC 6-4-18<br>Accepted for record - NMOCD                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                              |                           |                           |                                                                          |                            |  |
| Rejected-language incomect, reach<br>to resubmit 3/29/18                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                              |                           |                           | ed out                                                                   | to o perator<br>RECEIVED   |  |
| 1010000                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 129/12                                                                   | 3                            |                           |                           |                                                                          | MAX a -                    |  |
| ••••••••••••••••••••••••••••••••••••••                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                              |                           |                           |                                                                          |                            |  |
| James B. Campanella Title member/manager                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                              |                           |                           |                                                                          | DISTRICT II-ARTESIA O.C.D. |  |
| Signature Date 02/21/2017 Date 02/21/2017                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                              |                           |                           |                                                                          |                            |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                              |                           |                           |                                                                          |                            |  |
| Approved by<br>Conditions of approval, if any, are attached. Approval of this notice does not warrant or errite<br>that the applicant holds legal or equitable title to those rights in the subject lease which would<br>entitle the applicant to conduct operations thereon.<br>Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, prake it a crime for any person knowingly and withfully to make to any department or agency of the United States any false, |                                                                          |                              |                           |                           |                                                                          |                            |  |
| fictitious or fraudulent statements or repre                                                                                                                                                                                                                                                                                                                                                                                                                                | sentations as to any matter wit                                          | hin its jurisdiction         | 1.                        |                           |                                                                          |                            |  |
| (Instructions on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                              |                           |                           |                                                                          |                            |  |