| Form 3160-5 (September 2001) | UNITED STATES DEPARTMENT OF THE | INTERIOR | OCD Artesia | FORM APPROVE OM B No. 1004-012 Expires: January 31 | 35 |
|--|---|--|------------------|--|-----------------------------|
| CUNDD | BUREAU OF LAND MANA Y NOTICES AND REF | | | 5. Lease Serial No. NMNM32636 | , <u> </u> |
| Do not use | this form for proposals to | o drill or to re | -enter an | 6. If Indian, Allottee or Tribe | Name |
| abandoned u | well. Use Form 3160 - 3 (A | NPD) for such p | proposals. | | |
| SUBMIT IN TRIPLICATE- Other instructions on reverse side. | | | | 7. If Unit or CA/Agreement, 1 | Name and/or No. |
| 1. Type of Well Gas Well Gas Well Other | | | | 8. Well Name and No. | |
| 2. Name of Operator ROCKCLIFF OPERATING NEW MEXICO LLC | | | | 9. API Well No. | RAL 3 |
| 3a Address 3b. Phone No. (include area code) 1301 MCKINNY; STE 1300; HOUSTON TX 77010 713-351-0534 | | | | 30-015-33927-00-S1 | tony Area |
| 4. Location of Well (Footage, Sec., T., R, M., or Survey Description) 30670 | | | | LOVING HULA | dura Ber |
| SEC 12 T23S R28E SWNW | 2160 FNL 990 FWL | | | 11. County or Parish, State | Delaware |
| | | | | EDDY, NM | |
| 12. CHECK | APPROPRIATE BOX(ES) TO | INDICATE NAT | JRE OF NOTICE, R | EPORT, OR OTHER DAT | ĨA. |
| TYPE OF SUBMISSION | | T | YPE OF ACTION | | |
| Notice of Intent | Acidize | Deepen Fracture Treat | Production (Sta | art/Resume) Water Shut- | |
| Subsequent Report | Casing Repair | New Construction | | Other | |
| Final Abandonment Notice | Change Plans | Plug and Abandon Plug Back | Temporarily At | bandon | |
| | 'ENSION FOR SIXTY (60) DA) LY BEING SOLD AND THIS W | | EW OWNER TO REV | VIEW FOR FUTURE UTILI | тү. |
| | | | | RECE | IVED |
| | | | Ş | SEP 0 | 7 2018 |
| TA Exp 14. Thereby certify that the for | ices 11/19/2018 |) | | DISTRICT II-AI | RTESIA O.C.D. |
| Name (Printed/Typed) JAMIE A. ROI | | Title | SR. REGULATORY | ANALYST | |
| Signature Irobinson@rockcll | Digitally signed by jankinsmity rachalificer Menergy.com Date 1917.10.05 17:2015-45'00 | TED ATE | 0 | 8/31/2018 | |
| | THIS SPACE FOR F | EDERAL OR | STATE OFFICE | USE | |
| Approved by | uells | | Title S. PE | Date 9/5 | |
| Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant | | | | | 12018 |
| | al or equitable title to those rights in | loes not warrant or the subject lease | Office CFO | | 12018 |
| Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraud | al or equitable title to those rights in | the subject lease | Office CFO | to make to any department or ag | 12018 ency of the United |
| Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraud (Instructions on page 2) | al or equitable title to those rights in to conduct operations thereon. tle 43 U.S.C. Section 1212, make it a | the subject lease | Office CFO | to make to any department or ag ENTERED | |

INTO AFMSS

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