Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No. 1004-0135 Expires: January 31, 200

	Expires: January 31, 20
5. Lease Seria	ıl No.

6. If Indian, Allottee or Tribe Name

NMNM32636

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
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Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

						7 1611-4-		
SUBMIT IN TRIPLICATE- Other instructions on reverse side.						7. If Unit o	r CA/Agreement, Name and/or No.	
1. Type of Well ☐ ☐ Gas Well ☐ ☐ Other					-	8. Well Name and No.		
2. Name of Operator ROCKCLIFF OPERATING NEW MEXICO LLC						TELEDYNE 12 FEDERAL 1 9. API Well No.		
3a Address 3b. Phone No. (include area code) 713-351-0534					-33930 ad Pool _a or Exploratory Area			
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Description)			30	670	LOVI		
SEC 12 T23S R28E SWSW 99	OFSL 990 FWL					11. County EDDY	or Parish, State Delaurie 6, NM	
12. CHECK AI	PPROPRIATE BOX(ES) TO	INDICATE	NATURE	OF NOTICE	E, RE	PORT, OF	ROTHER DATA	
TYPE OF SUBMISSION		•	TYPE	OF ACTIO	N			
Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Tre New Const Plug and Al Plug Back	ruction	Productio Reclamat Recomple Temporar Water Di	tion ete rily Abar	·	Water Shut-Off Well Integrity Other	
If the proposal is to deepen dire Attach the Bond under which the following completion of the investing has been completed. Fit determined that the site is ready REQUESTING TA EXTE	ectionally or recomplete horizontally the work will be performed or provi- volved operations. If the operation that Abandonment Notices shall be	ly, give subsurfactide the Bond No. results in a multifiled only after a YS.	ce locations on file with ple complet Il requireme	and measured th BLM/BIA. I lion or recomp ents, including	and true Required letion in a reclamati	vertical depti subsequent a new interva- ion, have bea		
							RECEIVED	
						9	SEP 0 7 2018	
TA exp	ires 11/11/2	618				DISTRIC	CT II-ARTESIA O.C.D.	
14. I hereby certify that the fore Name (Printed/Typed)	going is true and correct							
JAMIE A. ROBI	INSON		Title SR.	REGULAT	ORY A	NALYST		
Signature jrobinson@rockcliffenergy.com Digitally signed by jrobinson@rockcliffenergy.com ON: co-f-poblasoe@rockcliffenergy.com Date Date 08/31/2018								
	THIS SPACE FOR I	FEDERAL	OR ST	ATE OFF	ICE L	JSE	,	
Approved by Conditions of approval, if any, are a	Walts attached. Approval of this notice	does not warran	Titl	. Sup	PE		Date 9/5/2018	
certify that the applicant holds legal which would entitle the applicant to	l or equitable title to those rights in			ice CF	-0			
Title 18 U.S.C. Section 1001 and Title States any false, fictitious or fraudul	e43 U.S.C. Section 1212, make it a ent statements or representations	crime for any as to any matter	person knov within its j	vingly and wi urisdiction.	illfully to	make to an	y department or agency of the United	

(Instructions on page 2)

ENTERED 9/5/8
INTO AFMSS