

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.
NMLC029509A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

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

1. Type of Well
 Oil Well Gas Well Other: INJECTION

2. Name of Operator
FRONTIER FIELD SERVICES LLC / E-Mail: mselke@geolex.com
Contact: MICHAEL W SELKE

3a. Address
65 MERCADO STREET SUITE 250
DURANGO, CO 81301

3b. Phone No. (include area code)
Ph: 505-842-8000

7. Well Name and No.
MALJAMAR AGI 2

9. API Well No.
30-025-42628

10. Field and Pool, or Exploratory
WOLFCAMP

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 21 T17S R32E Mer NMP SWSE 400FSL 2100FEL
32.813967 N Lat, 103.769748 W Lon

11. County or Parish, and State
LEA COUNTY, NM



12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | | | |
|--|---|---|--|---|
| <input checked="" type="checkbox"/> Notice of Intent KGR | <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input 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"/> Fracture Treat | <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 checked="" type="checkbox"/> Other Drilling Operations |
| | <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 recomplete 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 performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Frontier Energy Services respectfully request approval to include a Flex Hose Variance to the original approved APD.

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #330170 verified by the BLM Well Information System For FRONTIER FIELD SERVICES LLC, sent to the Hobbs Committed to AFMSS for processing by KENNETH RENNICK on 01/29/2016 ()

Name (Printed/Typed) MICHAEL W SELKE Title CONSULTANT TO FRONTIER

Signature (Electronic Submission) Date 01/29/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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.

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

FEB 19 2016

KR
AM

**Maljamar AGI #2
30-025-42628
Frontier Field Services
Conditions of Approval**

Original COA still applies except for the addition of the flex line's conditions of approval.

1. Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. These documents shall be posted in the company man's trailer and on the rig floor.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).

KGR 01292016

Sweep hose July 7/15



2904 SCR 1250
MIDLAND, TX
79706

TEST CERTIFICATE

Customer Information

| | |
|------------------|----------|
| Customer: | CANELSON |
| P.O. #: | 0 |
| Rig #: | RIG# 46 |
| Cust Tracking #: | |

Material Information

| | |
|-------------------|----------------------|
| Hose Type: | HBD GRADE D |
| Hose ID: | |
| Assembly Length: | 3.1/2" X 8'9" OAL GR |
| Fireguard Yes/No: | YES |

Test Information

| | | |
|---------------------|-------------|------|
| Cert No.: | CAN0701-001 | H-01 |
| Date: (YYYY-MM-DD): | 2015-07-01 | |
| Working Pressure: | 5000PSI | |
| Test Pressure: | 7500PSI | |
| Duration (mins): | 15 | |

Material Tracking - Coupling #1

| | |
|---------------|------------------|
| Coupling #1: | FR35 5K FLOATING |
| MTR# - Stem: | |
| MTR# - Shell: | |
| NACE#: | |

Traceability

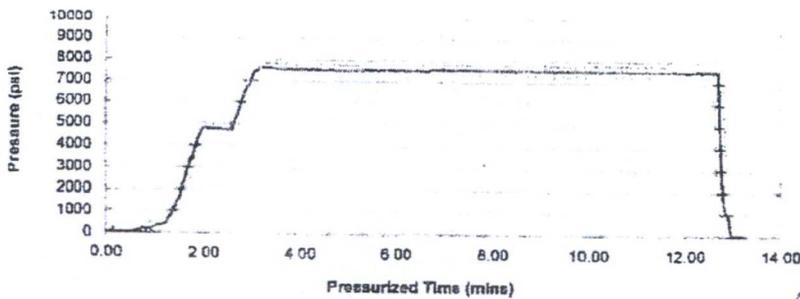
NEW
 RECERT H-01
 Previous Reference #

Material Tracking - Coupling #2

| | |
|---------------|-------------------|
| Coupling #2: | R35 5K GRADE D FL |
| MTR# - Stem: | |
| MTR# - Shell: | |
| NACE#: | |

Comments

HOSE SN: 07-01-H01 3.1/2" X 8'9" OAL GRADE D FIREGUARD W/ SS COVER



- Acceptable
- Not Acceptable

RIP-HAFM 006
VER II

ISIDRO SANCHEZ
Test Technician (Print Name)

Supervisor Signature

Test Technician Signature