

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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

**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. **NM12277**  
6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

**HOBBS OCD**

2. Name of Operator **Rhombus Operating Co., Ltd.**

7. If Unit of CA/Agreement, Name and/or No.  
**NMNM88498**

8. Well Name and No. **Pennzoil Federal #1**

3a. Address **P.O. Box 627, Littleton, CO 80160-0627**

3b. Phone No. (include area code)  
**(432) 683-8873**

9. API Well No. **30-025-27013**

10. Field and Pool or Exploratory Area  
**La Rica Morrow**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**T18S-R34E, Sec 29 NMPM 1980S 1780E**

11. Country or Parish, State  
**Lea 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 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 checked="" 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 performed 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.)

1/11/16 MIRU swabbing unit. Fish Plunger, Swab 13 runs. Rec 52 BW. FFL 10,000'.  
1/12/16 Continue swabbing. IFL 9800'. FFL 10,000. RDMO

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

**Cindy Grogg**

Title **Office Manager**

Signature

*Cindy Grogg*

Date

**01/27/2016**

**THE 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

*K2*



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)

**MAR 22 2016**

*WJ*

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abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No. **NM12211**  
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 **Rhombus Operating Co., Ltd.**

3a. Address **P.O. Box 627, Littleton, CO 80160-0627**

3b. Phone No. (include area code)  
**(432) 683-8873**

7. If Unit of CA/Agreement, Name and/or No.  
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Plan to swab the well

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

**Cindy Grogg**

Title **Office Manager**

Signature

*Cindy Grogg*

Date

01/27/2016

**THE SPACE FOR FEDERAL OR STATE OFFICE USE**

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