

**HOBBS OCD**  
**FEB 20 2017**  
**RECEIVED**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**COPY**

FORM APPROVED  
OMB No. 1004-0137  
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.*

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM-40448
2. Name of Operator Three Forks Resources, LLC		6. If Indian, Allottee, or Tribe Name
3a. Address 555 17th Street, Suite 975 Denver, CO 80202	3b. Phone No. (include area code) 303-318-0717	7. If Unit or CA, Agreement Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 8, T18S-R32E 2310" FNL, 330' FEL		8. Well Name and No. Oso Federal #1
Lat. Long.		9. API Well No. 30-025-33700
		10. Field and Pool, or Exploratory Area Pearsall Queen
		11. County or Parish, State Lea County                      NM

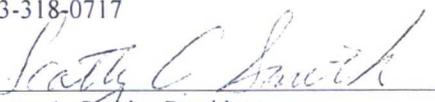
**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity	
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	Other _____	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	<u>Change of Operator</u>	
	<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 or pertinent markers and sands. Attach the Bond under which the work will be performed or provide the Bond No. on file with the 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 Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

Effective January 1, 2017 the owner of the above well changed to:

Three Forks Resources, LLC  
555 17th Street, Suite 975  
Denver, CO 80202  
303-318-0717

  
Scotty A. Smith - President

Bond coverage pursuant to 43CFR3104 for lease activities is being provided by Three Forks Resources, LLC. with their BLM Bond #NMB000852.

14. I hereby certify that the foregoing is true and correct.

Name (Printed Typed) <b>IRENE TRUJILLO</b>	Title OPERATIONS TECHNICIAN
Signature 	Date 2/13/2017

**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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

