

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

5. Lease Serial No.
LC067230

6. If Indian, Allottee or Tribe Name

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		7. If Unit of CA/Agreement, Name and/or No. LUSK SEVEN RIVERS UNIT
2. Name of Operator WS OIL AND GAS OPERATING, LLC <i>Permian Oil Company</i>		8. Well Name and No. LUSK SEVEN RIVERS UNIT #1
3a. Address P.O. BOX 5375 MIDLAND, TX 79704 <i>6 Dests Dr, Suite 5700 Midland, TX 79705</i>	3b. Phone No. (include area code) 432-242-4965	9. API Well No. 30-025-21158
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980 FSL 1980 FEL; U J SEC 19S R32E		10. Field and Pool or Exploratory Area LUSK: 7 RIVERS NORTH
		11. Country or Parish, State LEA, 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 checked="" 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 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 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 must 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 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 determined that the site is ready for final inspection.)

3/18/2016

MIRU. UNHANG WELL, UNSEATED PUMP AND POOH WITH PUMP AND RODS. ND WELLHEAD. NU BOP. TROUBLE REMOVING TOP CAP OF WELLHEAD. TAGGED FILL @ 3912'. POOH LAYING DOWN 2-3/8" TUBING. PU 6-1/4" USED BIT ON 7" CASING SCRAPER TO 3675'. SWISDOWE.

3/21/2016

TAGGED FILL @ 3910', RU SWIVEL, MIRU KILL TRUCK. BROKE CIRCULATION WITH 103 BBLS FW AND WASHED DOWN TO 3920'. CIRCULATED WELL CLEAN. POOH WITH BIT AND SCRAPER. PU AND RIH WITH ARROWSET 1-X PACKER TO 3872'. SET PACKER AND TEST BELOW PERFS TO 600 PSI. OK. RELEASED PACKER AND PUH TO 3810'. TEST CASING TO 500 PSI. OK. RD KILL TRUCK. MIRU ACID PUMPER. OPENED UNLOADER AND CIRCULATED 16 BBLS 15% NEFE HCL ACID WITH PARAFFIN SOLVENT, SCALE INHIBITOR AND ANTI-SLUDGE CHEMICALS. CLOSED UNLOADER AND ACIDIZED PERF 3848' - 3858' WITH THE ABOVE ACID AND ADDITIVES. FLUSHED WITH 2 BBLS 30/60 CHEMICAL AND 20 BBLS WATER. SWIDON. ACIDIZED WELL WITH 500 GALS NEFE 15% HCL ACID WITH ADDITIVES. MAX PRESSURE 2450 PSI. MAX RATE ON ACID 1 BPM. ISIP 2250 PSI. 5 MIN 1800 PSI. 10 MIN 1500 PSI. 15 MIN 1400 PSI. WELL SHUT IN OVERNIGHT FOR ACID TO SPEND.

SEE ATTACHED

OCD Hobbs

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

CARIE STOKER Title REGULATORY AFFAIRS COORDINATOR

Signature *Carie Stoker* Date 03/24/2016

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 **SUBJECT TO APPROVAL BY BLM**

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)

Accepted for Record Only

MJB/OCD 10/23/2017

LUSK SEVEN RIVERS UNIT #1

NO OVERNIGHT SHUT IN TUBING PRESSURE. RELEASED PACKER, CIRCULATED WELL CLEAN AND POOH. PU 2-3/8" SEATING NIPPLE ON 2-3/8" BLUE BAND TUBING TO 3855.37'. ND BOP. NU WELLHEAD. PREP FOR RODS. RIH WITH RODS AND PUMP. PRESSURED PUMP TO 500 PSI. OK. INSTALLED AND SET BACK PRESSURE VALVE TO 110 PSI DOWN TO 60 PSI. CLEAN WELLHEAD AND LOCATION. RDMO.

TUBING

KB	6.00'	6.00'
123 JTS 2-3/8" J55 EUE 8RD BB TUBING	3848.27'	3854.27'
2-3/8" STANDARD SEATING NIPPLE	1.10'	3855.37'

RODS

1-1/4" X 16.00' POLISH ROD WITH 1-1/2" LINER.	11.00'
4.00' X 3/4" PONY ROD	4.00'
135 X 3/4" RODS	3375.00'
18 X 7/8" RODS	450.00'
2 X 1-1/2 X 10 RWBC HVR PAP PUMP.	10.00'