

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
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.

HOBBS OGD
MAY 9 2018
RECEIVED

5. Lease Serial No. LC063228

6. Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

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

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No. CORSAIR 27 FEDERAL #4

2. Name of Operator U. S. ENERGY DEVELOPMENT CORPORATION

9. API Well No. 30-025-35375

3a. Address 1521 N. COOPER ST SUITE 700
ARLINGTON, TX 76011

3b. Phone No. (include area code)
(682) 305-2868

10. Field and Pool or Exploratory Area
TRISTE DRAW DELAWARE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1650' FSL & 1980' FEL, SEC 27 T23S R32E

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 checked="" 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	<i>change of operator</i>	
	<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.)

CHANGE OF OPERATOR FROM :
ECHO PRODUCTION, INC. - BLM BOND - NM2692
P O BOX 1210
GRAHAM TX 76450
940-549-3292

TO NEW OPERATOR:
U.S. ENERGY DEVELOPMENT CORPORATION - ~~BLM BOND SUR 0045857~~
1521 N. COOPER ST
SUITE 700
ARLINGTON TX 76011
682-305-2868 X-301

Rejected

NMB001538

language incorrect - reached out to operator 3/29/18

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

ANGELA CATE

TECHNICAL ANALYST

Title

Signature

Date

01/31/2018

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Rejected

Title

Date

5/16/18

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

KZ

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)

ENTERED IN
AFMSS

3/1/18
TO